TOUR TOWN OF COURSE PER NULS ARREST FROST FLAT  TO DESCRIPT A STATE OF DEED TO SHOW THAT COUNTY OF BEATH  AND ALE TO DEET TO COUNTY OF BEATH  ALE STATE OF DEET TOWN OF SHARE OF THE RESTRICTION OF SHARE OF THE RESTRICTION OF THE SHARE OF THE SH	61	ì.	SIAIE				RTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	-	NE 2	0 0	6 4	
RAYMOND ALEXANDER AHERN  AUGUST 6, 1983  11:55PM  Male  White  May 26, 1915  AGE (INTERS INCHER)  BALTIMOSE CITY BERT COUNTRY)  AMREED White  May 26, 1915  AGE (INTERS INCHER)  AGE (IN	W.	1 DE										WF.40	0
Section   Sect	3 25 M		OR PRINT)	7 111.01								TEAR	
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Maryland   USA   WIDOWED   DATE OF COUNTY   MAD   It CITY OR TOWN OF DEATH   IT NAME OF HOSPITAL NURSING HOME OR OF THER INSTITUTION   Its USUAL OCCUPATION	1 52 10 E			REIGN 76. C	ITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	9			FDEATH	
Cumberland SACRED HEART HOSPITAL Oiler of Notice and the paper Co.  SACRED HEART HOSPITAL Oiler of Notice and the paper Co.  Oiler Paper Co.  Oiler Object of Notice and the paper Co.  Oiler Object o	The state of		Maryland		USA	4				ALLEGANY	COUNTY,		MD.
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220.1 certify that (I) (MX)(MX) and ed the deceased from the document of the d	D 212	13a S	TATE	36 COUNTY		13c. CITY OR T	OWN	13d. INSIDE CITY LIMIT	ITS? 13	Be. STREET ADDRESS			21561
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220.1 certify that (I) (MX)(MX) and ed the deceased from the document of the d	MARY and 2 and 2	14. FA	FIRST	MIDDLI	E		rn	FIRST		WIDDLE		Will	ic
220.1 certify that (I) (XXX) and add the deceased from the dots and that in (my) (xxx) opinion death accurred and the dots and hour and from the couses stated above, (I) (xxx) (did) (x/x) (vxx) (did) (x/x) (vxx) (vxx	RE, ecute ecute es l		AS DECEASED EVER IN								ESS	WITT	13
220.1 certify that (I) (XIX)(X)(X)(X) and add the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ob ex	(	Yes		OR DATES)	217-03	-2421	Mrs. Lilli	ian L	. Ahern,	See #13	above	
220.1 certify that (I) (XXXXX or nded the deceased from	KDS, 201 W. PRESTON ST equires that the death cert signed by the attending is Then please remove carbon to burial, cremotian, or ren niury, or other troumotic ev	NO	Conditions, if ony, gove rise to imme cause (0), stating underlying couse	which diote the last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS CONSE	goet	Audi to What NOT RELATED TO THE	anf ETERMIN	Fra L	lymph) ine	1	· ·
220.1 certify that (I) (XIX)(X)(X)(X) and add the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	At RECONTRIBUTE IN THE LOW THE	TIFICATI	19a. DATE OF OPERATION	NO	196. COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED			IN CERTIFYI	NG CAUSES	OF DEATH?
220.1 certify that (I) (XIX)(X)(X)(X) and add the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	OF VIT.  CLAN: 1 physic rtificate al-trans stol Hyge im 18 sh		OR CONTRIBUTING ( CA	USE OF DEATH	HOUR A.	M. MONTH		21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	
220.1 certify that (I) (XIX)(X)(X)(X) and add the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	PHYSIC CHAIR CE Purish of Men	REDIC	21d. INJURY OCCURRE	D i	21e. PLACE	OF INJURY		211. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
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obove, (I) Key (did) visi vol view the body other death.	ENDIII tol or OR: A or use i Heoli				Anded th	e deceosed fro	Uni	d that in (my) tame) on	anion dec	th accuracy and and	67 , 19 <sup>t</sup>		
226. SIGNATURE DEGREE 226. SIGNATURE 226. SIGNATURE	RECTIONS POT OF 1 OF		obove, (I) (www.) (dia 22b. SIGNATURE»	NIN YOU I'M	w the pody	ofter death.	1	7171	Jillion dec	sin occorred on the di	ore one nour a		
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CHANG OH, M.D. 48 TARN TERRACE, FROSTBURG, MD 21532	O HC etaine should with t										BURG, M	D 2153	2
BP 236_ BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION 236 LOCATION 237 COUNTY Bloomington, Garrett, Maryland	4.00	23a B	SPECIFY)	EMOVAL 23						CITY OR TOWN	on. Gar	rett.	Marvlanc
DHMH - 16 50M 4/82 (VRA 15, 4)  24 FUNERAL DIRECTOR  Bradley A. Stewart Oakland, Maryland 21550  250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE  10 10 10 10 10 10 10 10 10 10 10 10 10 1				tewart				250		EC'D. BY REGISTRAR 6 1 6 1983	256. REGISTRA	R'S SIGNATU	IRE .

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	ALLEGANY COLUMN.				
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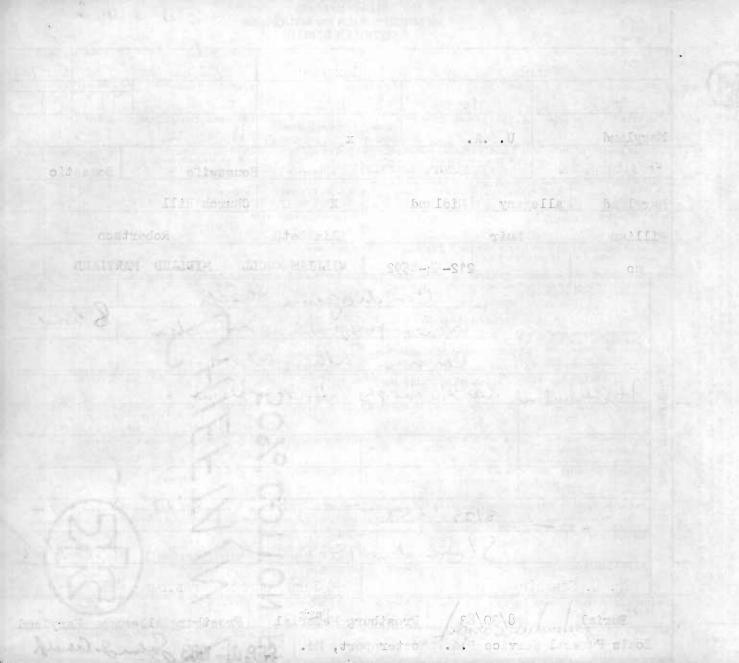
Westernport. Md.

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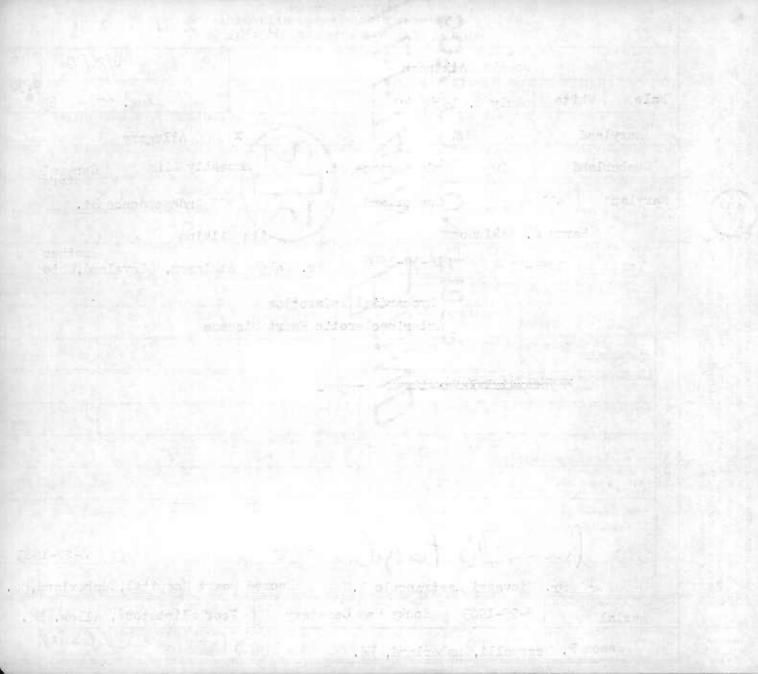
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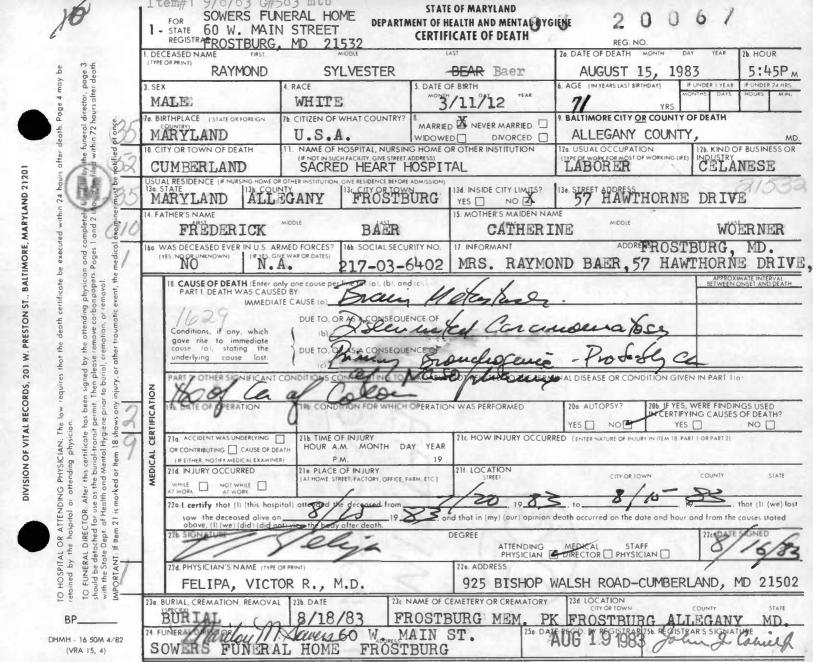
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

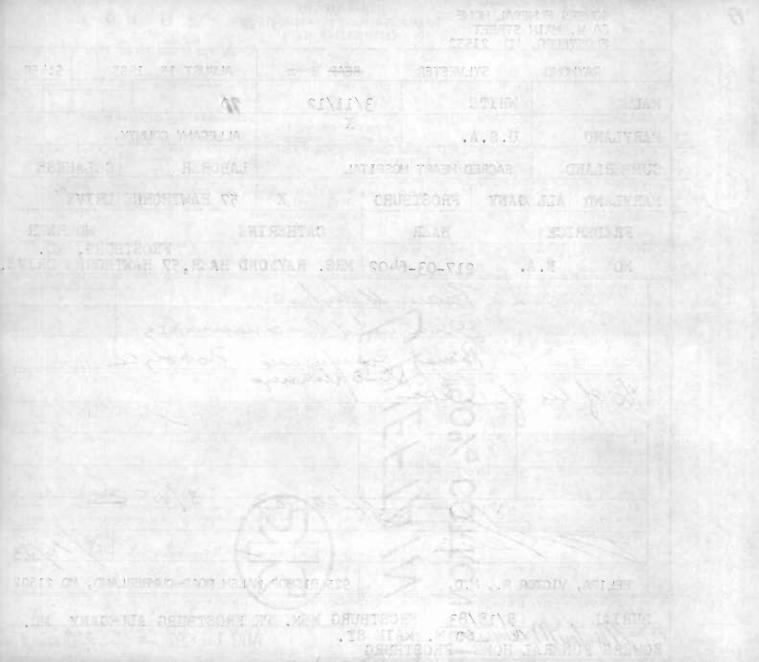


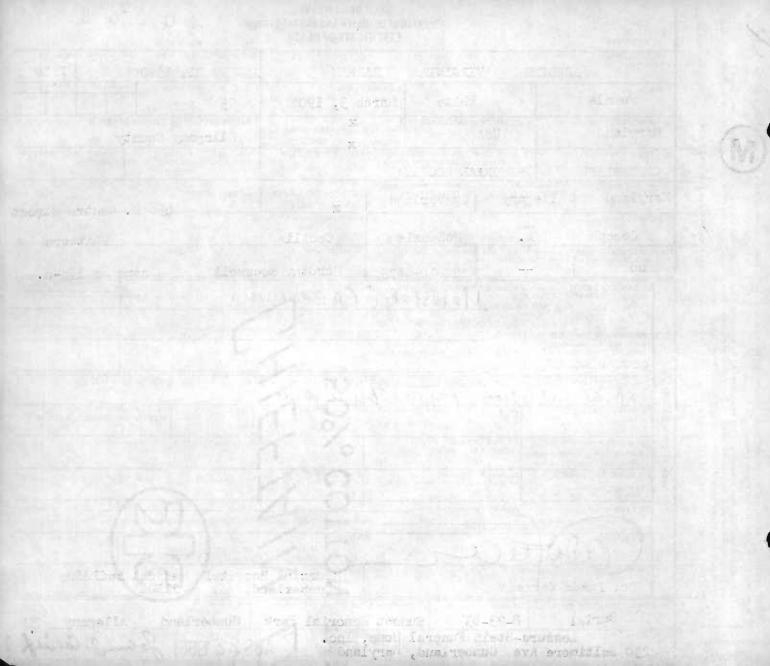
1-	FOR STATE REGISTRAR	MEDICA	REMENT OF HEALTH LEXAMINER'S (	CERTIFICATE O	FEATH 2 0	0 6 6
	ECEASED NAME FIRST (PE OR PRINT)	Donald Atki	inson	LAST	20. DATE KNOWN DEATH MATED X	8/26/83 B HOU
3. SE	X A.RACE White	5. DATE OF BIRTH MONTH DAY July 8, 193	R (AST BIRTHDAY) MONT	NDER 1 YR. IF UNDER	MIN PRONOUNCED	MONTH DAY YEAR 94, 1300 ug. 27 19 83 a.
7a. B	BIRTHPLACE ISTATE OR OREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT CO	MARR WIDOV	IED NEVER MARRI	ED 🔲 -	any M
	Cumberland	(16 NOT IN SUCH FACILITY, GI	ndependence S		FOR MOST OF WORKING LIFE) ASSEMBLY Line	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY General
13a. S	AL RESIDENCE (IF IN NURSING HOME OF STATE 13b, COUN Alle	TY 13c. C	ince before admission) City or town Cumberland	134. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e. STREET ADDRESS 203 Independ	dence St.
	ATHER'S NAME Harry		tast			LAST
16a. '	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE YES 1959		SOCIAL SECURITY NO. 16-30-1686	Mr. Ralp	h Atkinson, C	Brother leveland.Ohio
NO	gave rise to immediate cause (a) stating the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR AS A C  (c)  CONTRIBUTING TO DEATH BUT NOT	RELATED, TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAR ONE —	T 1 :0°	
TIFICATION	19a. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION W	/AS PERFORMED?		20 AUTOPSY?  YES \( \sqrt{N} \)
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21e PLACE OF INJU	TH DAY YEAR  19  JRY (ATHOME, 21f. LC)	CATION	81 MƏTI NI YRULMI PO ƏRUTAN RƏTMƏJ C	
W	WHILE AT WORK AT WORK  22a I certify that I took chorg death resulted from Nature  ACTUAL SIGNATURE	e of the remains described al couses XX. Accide	obove, held on Autap	Isy Inspection  Hamicide  TITLE (SPECIFY)  Deputy	Undetermined manner,  MEDICAL EXAMINER	nd in my opinion  DATE 8-27-1983
23a. E	BURIAL CREMATION REMOVAL 12	Giovanni Mas	36 NAME OF CEMETERY C	OR CREMATORY	23d LOCATION	tal, Cumberland, Md
	Burial FUNERAL DIRECTOR NAME James F. So	8-29-1983 earpelli,Cumb	Rocky Gap (		EC'D. BY REGISTRAR	tone, Alleg. Md.

STATE OF MARYLAND









3	1.	FOR - STATE REGISTRAR	DI	EPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HIG CICATE OF DEATH	IENE 2 C	069
e 6 4		CEASED NAME FIRST	WIDOLE		AST	20. DATE OF DEATH MO	NTH OAY YEAR 26. HOUR
y be age 3 death		CATHERIN			BATT	AUGUS	
E A	3. SE		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHON	MONTHS DAYS HOURS MIL
o Live		Female	White		5, 2923	60	YRS.
deoth. P	W	RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76. CITIZEN OF WHAT COL USA	MARRIE	D NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY <u>OR</u> C Allegany	
rs ofter deo by the fune filled within	10. C	Cumberland	11. NAME OF HOSPITAL, (# NOT IN SUCH FACILITY, GI Memor			TYPE OF WORK FOR MOST OF WO Housewife	DRKING LIFE) 12b. KIND OF BUSINESS OF INDUSTRY IN OWN HOME
filled in ould be f		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU!  Maryland Alle		CE BEFORE ADMISSION) OR TOWN erland	134. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 10 Humbiro	1 St. 6/5/8
ted withir ampletely I and 2 sh	14. F/	ATHER'S NAME FIRST Georg	ge A. Cline	AST	15. MOTHER'S MAIDEN NAM	Helen V	Winfield LAST
e execution on on ond co		VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17. INFORMANT	ADDRESS	
re be e	no		214-	24-6627	Mrs. Mary	Waybright, Cu	umberland, Daughte
NG PHYSICIAN: The low requires that the death certificated physicion.  After this certificate has been signed by the attending phase the buriol-transit permit. Then please remove corbang th and Mental Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other traumotic even	CERTIFICATION	HOCOSUS,	196. CONDITION FOR	NG TO DON'TH BUT	NOT RELATED TO THE TERM	206 AUTÓPSY? 20	ION GIVEN IN PART 1:0.  10. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
G PHYSICIAN: The strength of the buriel-tronsit ond Mentol Hygie ked or item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
TTENDI portol or TOR: A for use of Heol	MEDICAL	11d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (1) (this hasp say the decosed alive or above (1) (we) (did) (did not be say the decosed of the decosed	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, ito) amunded the placesed	from Mil	21f. LOCATION STREET  19 119 119 119 119 119 119 119 119 11	to to	STATE . that (I) (we) loand hour and from the couses stated
HOSPITAL sined by the FUNERAL sold be deter the the Store PORTANT:		22d. PHYSICIAN'S NAME (TYPE C Dr. Anthony I	STATE OF PRINTS	ollind	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	perland, Md. 2150
PP	230. 1	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 8-16-1983		est Burial Par	23d. LOCATION	nd, Allegany, Morate
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director  NAMEJames F. Sc			250. DATE	REC'D BY REGISTRAR 256	REGISTRANS S GALULES A

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	.la ,Santandana	Vance J. Section 171,	

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR - STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYD ICATE OF DEATH	GLENE 2	0 0	/ 0	
1. DE	ECEASED NAME PE OR PRINT)	HELEN		C.		EAL	AUGUST 1			26 HOUR 4;45
3. SE.	Female		4. RACE Cau		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HI
	IRTHPLACE (STATE OF COUNTRY)	DR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	Allegany			
0.0	UMBERLAND	EATH		HOSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	OF WORKING LIFE		F BUSINESS
13a N	JAL RESIDENCE (IF NU STATE Md .	13b COUN	other institution NTY egany	GIVE RESIDENCE BEFOR  13 CITY OR TOW  Cumber I		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 518 Fecti	2 Aven	ue	
14. FA	ATHER'S NAME FIRST Otis		MIDDLE H.	arden		15 MOTHER'S MAIDEN NA FIRST  Bessie	ME Pearl		Shaf	fer
	WAS DECEASED EVE (YES, NO OR UNKNOWN)			166 SOCIAL SECU 206 01		17 INFORMANT	upe, 700 Ho	ESS Cu	mber1a	
CERTIFICATION	PART 2. OTHER SIG	se last.	CONDITIONS C	earl	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YES,	N IN PART 140 WERE FINDIN	GS USED
	21a. ACCIDENT WAS U	CAUSE OF DE	1111		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES		№ □
MEDICAL	(IF EITHER, NOTIFY MEI 216. INJURY OCCU  WHILE NOT V AT WORK AT W	RRED	21e. PLACE	M.  OF INJURY  REET, FACTORY OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STAT
	22a I certify that (	I) (this hospi used alive an (did) (did na	I view the bady	19		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF \	0	
23a. B	BURIAL, CREMATION	, REMOVAL	23b. DATE 8/16/8			EMETERY OR CREMATORY Cemetery	23d LOCATION Hyndman	, Bedf	67d', Pa	a. STATE
34.55	BURIAL, CREMATION ISPE BURIAL UNERAL DIRECTOR LARVEY H.	Thurs	8/16/8	ВЗ Ну	ndman	Cemetery 250. DAT				JI

DHMH - 16 50M 1/81 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the haspital ar ottending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 mounts the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

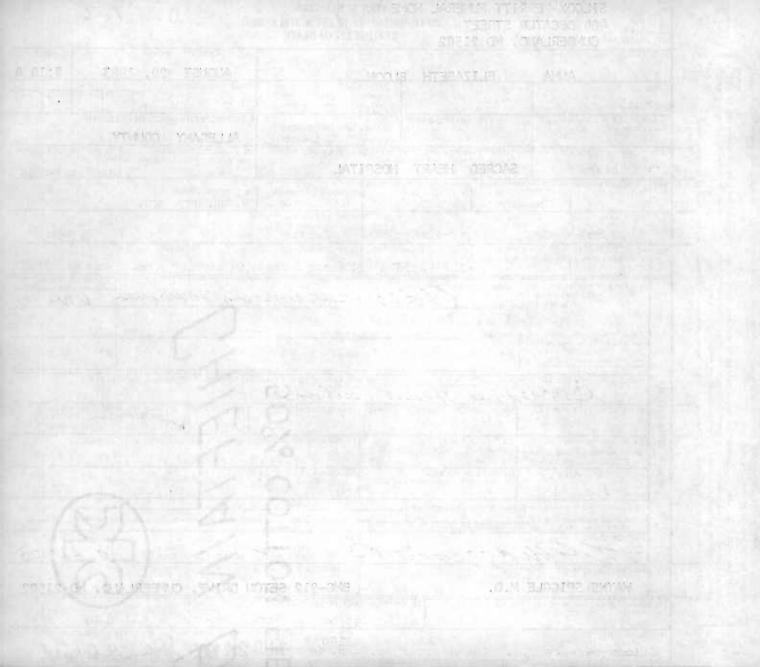
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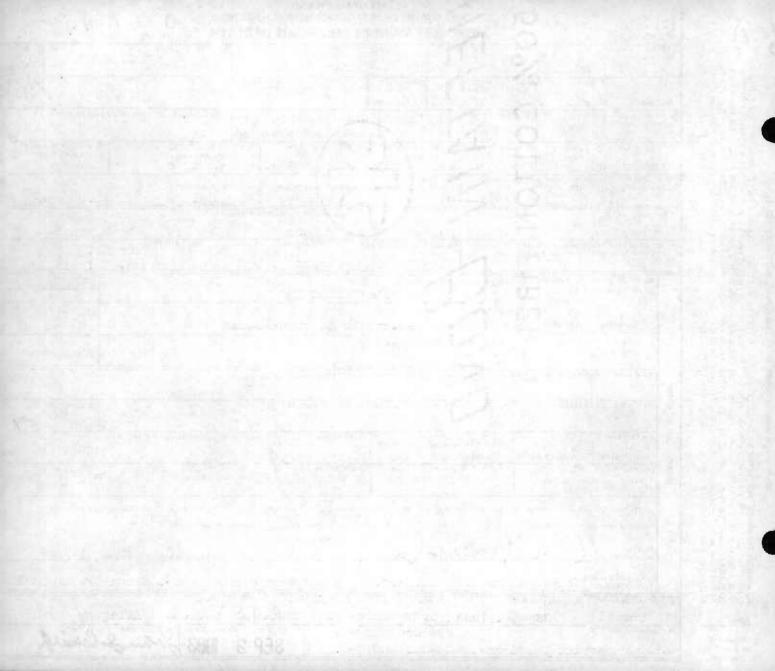
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	R	EGISTRAR		WED		EXAMIN	ER'S C	ERTIFIC	CATE OF	DEAT	TH T	REG.	NO.			
		OR PRINT)	FIRST		MIDDLE			LAST		20	DATE OF	KNOWN ESTI-			YEAR	2b. HOUR
			HAROLD		RAYM			LANK			DEATH	MATED	<b>X</b> 8		1983	þ600 <sub>~</sub>
	SEX		. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE)	AY) MONTH		IF UNDER 24		RONOUN	ICED	MONT	H DAY	YEAR	26. HOUR
	MA		WHITE	4/5/20		63 yr	S.				DEAD		8			0807 <sub>M</sub>
20		THPLACE (STA	TE OR	76. CITIZEN OF WH	IAT COUN	VTRY?	8. MARRI	ED NEV	ER MARRIED	0 0 9			Y OR COU	INTY OF E	DEATH	
27		RYLAN		U.S.A.			WIDOW	ED 🗆	DIVORCED	-0.0		LEGA				MD
10	. CIT	ORTOWNO	F DEATH	11. NAME OF HOSE (IF NOT IN SUCH FAC			, OR OTH	ER INSTITUT	ION 1		L OCCUP		TYPE OF WOR	RK 12b. KII	ND OF BURINDUST	ISINESS RY
10		ROSTBUR		122 PIN	E ST	REET				SUR	VEYO	R			NSTF	
	SUAL a. ST.		1136 COUN	OR OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSI		13d. INSIDE CI	TY LIMITS 11	3e STREE	T ADDRE	SS		7	150	> >
		RYLAND		LEGANY	FRO	STBURG		YES	NO 🗌	1			STREE	T	133	1
		HER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME		IDDLE	1116		LAST	
1	F	RAYMON	D			ANK	A		NNIE		M	m//EE			SDO	J
16	a. W		EVER IN U.S. ARA	AED FORCES?		CIAL SECURITY	NO.	17. INFORM				ADDRE	FROS	STRU	RG. N	M.
	1163	YES	WW TES, GIVE	II	215	-18-8	264	MRS.	ANNI	E BI	ANK	.122	PI	NE S	T	
F		18 CAUSE OF	DEATH (Enter onl	ly ane couse per line								,		AF	PPROXIMATE	INTERVAL I AND DEATH
L		PARTIDEA	TH WAS CAUSED			CONGES	STIVE	HEAR	T FAIL	URE					JDDEN	
	И	4/4	9	F C. 100F (0)		NSEQUENCE (	-									
			, if any, which to immediate	(b) C	ORON	ARY ART	TERY	HEART	DISEA	SE						
		couse (o) s	tating the under-	/ (0)		SEQUENCE (										
1		lying cause	last.	(c)												
	1	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART	1 (e).						
1	8	CHR	ONIC ALC	COHOLISM												
	₹ I	190. DATE OF C	PERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W.	AS PERFOR/	MED?					20 A	AUTOPSY'	?
1	Ĕ													,	YES 🗆	NO X
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		UNDERLYING	OR G CAUSE OF D	HOUR A.M.	MUNIH	DAY YEAR										
	ă	16. INJURY OC	CURRED	21e PLACE O		(AT HOME.		CATION								
		WHILE AT WORK	NOT WHILE	STREET, FACTO	UKY, FARM, E	TC.)	S	TREET			CITY OR TOV	νN		COUNTY		STATE
	ŀ			( )					Inspection	V		[X]	-			
			1	e of the remains desc	ribed aba		Autaps				Inquiry		and in my	opinion		
		death resulted	Y Natur	of cycles A.	Aceldent	J. Sui	cide	, Hamic		Undeter	mined mo	inner L	٦,			
		ACTUAL	1	0 1	m			TITLE (SI	Dpty				DA		7/22/	02
1		SIGNATURE_	1	U			M.	D. AS C.	phra	MEDIC	AL EXAM	INER	SIG	NED	3/22/	83
		EXAMINER'S N	AME PAL	II CNOUL M	D .				MEMORI	Λ1 14	OCDT:	T 01				
22		TYPE OR PRINT	ON, REMOVAL 2		D.	NAME OF CEA			MEMORI		OSPI.	AL	-			
23	(SP	CIFY)	T KEMOVAL Z		100				DADI	23d. LOC	TOWN			OUNTY		ATE
74	4. FU	BURTA	ak Un.	8/24/83		ROSTB			PARK 250. DATE RE		OSTI		GISTRAR'	SSIGNAT		MD.
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	50	METHO	r onemal	n nome	PHU	STBUR	(ř		7,00	I	000	/	-0		~	

05/5/4, 15/14 A.S.J. CRATTER . WESTER LOYEVALLE HART SIT-18-9264 MRS. AND IN STANK, 122 PIR. ST. . THE TACK TIA DESERVED READ AND DESERVED AND SALES OF THE SALES OF THE

- 26	LDI		ERLAND, MD 2	MIDOLE	1/	ST	REG. NO.	DAY YEAR	2b. HOUR
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	3. SE		NA ELI	[ZABFTH_I	S. DATE O	E DIRTH	AUGUST 20,	1983	8:10 A
					MONTH	OAY YEAR	6. AGE (IN TEAKS LAST BIRTHDAT)	MONTHS DAYS	HOURS MIN.
Den		'emale	White		Nov	27 1916		RS.	
unerol d	N	IRTHPLACE (STATE OR FOR COUNTRY) ID	USA	WHAT COUNTRY?	WIDOWE		ALLEGANY CO	UNTY	MD.
by the fi	~	CITY OR TOWN OF DEATH Cumberland		CH FACILITY, GIVE STREET		TAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  CO-OWNEY	ING LIFE) INDUSTRY	e homes
should be f	) USC 13a.		SHOME OR OTHER INSTITUTION Bb. COUNTY Allegany	GIVE RESIDENCE BEFORE 13c. CITY OR TOW LaVale	AOMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 9 Ashbury Ave	21	502
completely 1 and 2 sh	14, F	ATHER'S NAME FIRST Lawrence	WIDDLE	Meiste	r	15. MOTHER'S MAIDENN Elsie	AME MIDDLE	Zembo	
od co		WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS		
Pages Pages		(YES, NO OR UNKNOWN) (	(IF YES, GIVE WAR OR DATES)	217-10-5	692	Hubert Bloo	m 9 Ashbury Ave	e.LaVale,	MD 21502
y the e rem cremo		gove rise to immed cause (a), stating underlying cause	the DUE TO, O	PR AS A CONSEQUE	NCE OF				
ss been signed by the ermit. Then please rem e prior to burial, cremo rs any injury, ar ather t	HCATION	couse (a), stating	the lost. DUE TO, O (c)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	INC	F YES, WERE FINDIN ERTIFYING CAUSES	IGS USED OF DEATH?
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or attending physicion.  After this certificate has been se as the burial-transit permit. olth and Mental Hygiene prior morked or Item 18 shows any	/	PART 2. OTHER SIGNIF  19a. DATE OF OPERATIO  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL 1F EITHER, NOTIFY MEDICAL  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK ON THE ORD 22a.1 certify that (1) (the	DUE TO, O  (c)  FICANT CONDITIONS CI  ON 196. COND  REYING   196. COND  REYING   216. TIME C  HOUR A.  HOUR A.  LEXAMINER)   P.  D 21e. PLACE (AT HOME, ST	ONTRIBUTING TO E  ONTRIBUTING	OPERATION  AY YEAR  19  ARM. ETC.)	WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION  STREET  , 19	208 AUTOPSY? 206 II	FYES, WERE FINDING CAUSES YES  MIB PART 1 OR PART 2)  COUNTY 5.	IGS USED OF DEATH? NO  STATE
hospital or attending physicion. IRECIOR. After this certificate has been hed for use as the burial-transit permit. ept. of Health and Mental Hygiene prior them 21 is marked or them 18 shows any	/	PART 2. OTHER SIGNIF  19a. DATE OF OPERATIO  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL 1F EITHER, NOTIFY MEDICAL  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK ON THE ORD 22a.1 certify that (1) (the	TICANT CONDITIONS COND	ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM. ETC.)	NWAS PERFORMED  21c. HOW INJURY OCCU 21f. LOCATION STREET  . 19 d that in (my) (our) opinion	200 AUTOPSY?  YES NO STANDARD OF INJURY IN ITEA  CITY OR TOWN  In death accurred on the date and	FYES, WERE FINDING CAUSES YES  COUNTY  19  19  22c. DATE	IGS USED OF DEATH? NO  STATE  that (I) (we) lost couses stated
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ined by the hospital or attending physicion. FUNERAL DIRECTOR, After this certificate has been uid be detached for use as the burial-transit permit. In the State Dept. of Health and Mental Hygiene prior ORTANI; If them 21 is marked or tem 18 shows any	MEDICAL	COUSE (0), stoting underlying couse  PART 2. OTHER SIGNIF  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL IF EITHER, NOT IFFY MEDICAL AT WORK  21d. INJURY OCCURRET  WHILE NOT WHILE AT WORK  22a. I certify that (1) (Iff sow the deceased above, (I) (we) (did 22b. SIGNATURE)  22d. PHYSICIAN'S NAM	TICANT CONDITIONS COND	ONTRIBUTING TO E  PLANTION FOR WHICH  OF INJURY  M. MONTH DA  M. MONTH DA  TO FINJURY  REET, FACTORY, OFFICE, F  To ofter death.	OPERATION  AY YEAR  19  ARM. ETC.)	216. HOW INJURY OCCL  ATTENDING PHYSICIAN  226. ADDRESS  BMG-912 SE  METERY OF CREMATOR	200 AUTOPSY?  YES NO INCE  YES NO INCE  YES NO INCE  CITY OR TOWN  ON death accurred on the date and  MEDICAL STAFF  DIRECTOR PHYSICIAN OF TOWN  TON DRIVE, CUMBE  Y 234 LOCATION CITY OR TOWN	FYES, WERE FINDING CAUSES YES   MIS PART 1 OR PART 2)  COUNTY  4 hour and from the cause of the	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN 2b HOUR IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNRED DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS L RECORDS, 201 W, PRESTON STREET, (TYPE OR PRINT) 8/28/83 ESTI-6:00 Bragg Edward Francis DEATH MATED p 4. RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 4:30 8/29/83 Aug. 12, 1902 DEAD Male White 81 D M In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Md. U.S.A. WIDOWED DIVORCED Allegany IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Cumberland Algonquin Hotel Balt. & Green Sts. Laborer Brewery WITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD BI DIVISION OF WITAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Algonquin Hotel Balt. & Green Sts Md. Allegany Cumber land NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, ITH FORM PM, MIDDLE MIDDLE FIRST Hoffman В. Joseph Bragg Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI 404 ADDRESS 404 Decatur St. 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 214-07-3016 WW11 Robert C. Adams Cumberland, Md. 21502 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TRANSIT PERMIT. VTAL HYGIENE, D PART I DEATH WAS CAUSED BY-A BURIAL-TRAIN.
H AND MENTAL HYGIENE
HAND MENTAL HYGIENE MyocARDIAL INFARCTION IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Arteriosclerotic heart disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E OF HEALTH A CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN COUNTY STATE AT WORK AT WORK XX 22a I certify that I took charge of the remains described above, held on Autopsy Natural couses XX Suicide Homicide Undetermined monner death resulted from: Accident TITLE (SPECIFY) Deputy 8/29/83 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo, M.D. Sacred Heart Hosp. Seton Dr. Cumb.Md. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) Burial S.S. Peter& Paul Cemt. Cumberland Allegany Sept 1,1983 BP 24. FUNERAL DIRECTOR 404 Decatur St. **DHMH-17** Cumberland, Md. (VR A15 ME (5) Silcox-Merritt Fun'l Ser. 15M 2/80



requires that the death certificate be

ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physician.

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ACHYGUNE CERTIFICATE OF DEATH

		REOBIRAR						F	EG. NO.		
		CEASED NAME EORPRINT) AUB	REY	ALTO	N CHA	MBERS	AST	AUGUST	ATH MONTH	1983	25 HOUR 2215 H
	3. SE	× MALE	4.	RACE	WHITE	5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
3		IRTHPLACE (STATE OR FO		US		WIDOWE		9 BALTIMORE (AL)			MD.
0	CU	JMBERLAND, N	1D	CUMBER	L'AND ME	MORTAL	ROTHER INSTITUTION MEDICAL CEN	TERYPE OF WORK FOR RETIR	UPATION MOST OF WORKING ED PPG	12b. KIND C GIIFE) INDUSTRY GLASS I	
36	13a. S		3b COUNT	GANY	13 CUMBER		13d. INSIDE CITY LIMITS?	239 01	AHS AVEN	UE 2/	502
1/		ATHER'S NAME FIRST LORENZO	I		MBERS		15. MOTHER'S MAIDEN N FIRST NELLI	M	DOLE	SHAT	
/-		MAS DECEASED EVER IN YES, NO OR UNKNOWN) YES		AR OR DATES)	16h SOCIAL SE	2 8698	17 INFORMANT RUTH CHAMBE	239 UT			D 21502
9	CERTIFICATION	Canditians, if any, gave rise to imme cause (o), stating underlying cause	diate the last	DUE TO, O	I BUTING I		NOT RELATED TO THE TEL	RMINAL DISEASE OF	? 20b. IF	GIVEN IN PART 1: YES, WERE FINDING CAUSES YES THE TIME TO THE TIME	NGS USED
9	-	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTERNATURE	OF INJURY IN ITEM		но П
/	MEDICAL	21d INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	D	21e. PLACE			THE LOCATION	1	Y OH TOWN	COUNTR	plant.
		220. I certify that (I) (t saw the deceased above, (I) (w.) (dia	alive on	-Ma	deceased from	OUT LA COMP	d that in (my) (au), apinio	in death accurred or	he date and h		that (1) (we) last causes stated
		22d. PHYSICIAN'S NAM	Mu	ims	N	57		MEDICAL DIRECTOR []	STAFF PHYSICIAN [	22c. DATE	31-83
1	220 0	Dr. Terry	Will	iams	190	2. NAME OF C	Cumbe	rial Hosp:	21502	d. Bldg.	,
	230 B	BURIAL, CREMATION, RE	:MOVAL	AUG 4			METERY OR CREMATORY			LLEGANY	MD . STATE
	24 FU	UNERAL DIRECTOR SILCOX—MI	ERRITI	r FUNER	AL SERV	ICE CUN	IAI	JG 8 19		ISTRAR'S SIGNAT	shill .

DHMH - 16 50M 1/B1 (VRA 15, 4)

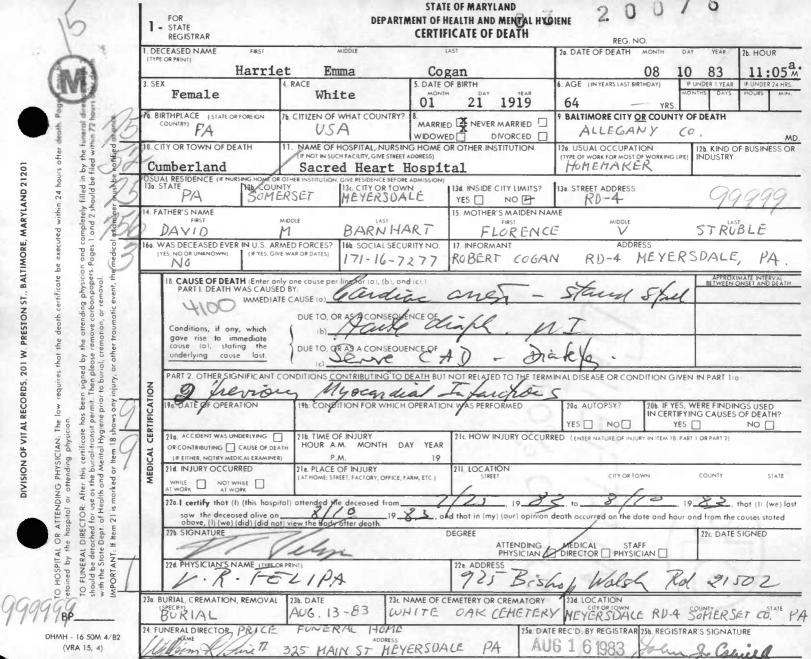
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1.	FOR					MARYLAND H AND MENTAL	HYGIENE 2 0	0 7	5	
	1-	STATE REGISTRAR			DICAL EXAM			OF DEATH	REG. NO.		
	1 DF	CEASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	2b. HOUR
Session sikeri,		E OR PRINT)					snov	20. DATE KNC	TI-	DAT TEAM	Za. HOUR
			FRANK		FFMAN Sr			DEATH MA		-8319	1700
	3. SE	·	. RACE	5. DATE OF BIRTH	YEAR LAST	(IN YEARS IF U		R 24 HRS. 2c. DATE MIN. PRONOUNCED	HINOM	DAY YEAR	2d. HOUR
	М		Cau	1-11-39	44	YRS.	THS DAYS HOURS	MIN, PRONOUNCED	8-19-8	3 19	2015
	70. B	IRTHPLACE (STA	TE OR	76. CITIZEN OF W		10	CID	9. BALTIMORE	CITY OR COUNT		17.01.3
2		MaryTano		USA		WIDO	RIED TO NEVER MAR		inv _		MD.
	10. C	ITY OR TOWN C	F DEATH		SPITAL, NURSING I		HER INSTITUTION	120 USUAL OCCUPATE	ON (TYPE OF WORK	126 KIND OF BU	USINESS
1	Cu	mberlan	4		and Ave	MC33)		FOR MREET TORKING	LIFE)	Bus Co	•
1	USU	AL RESIDENCE (		E OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE A	DMISSION)					
7	13a. S	TATE	13b. COU		13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	2	510	
		Md	I Al	legany	Cumbe	rland	YESX NO	201 Grand	Ave	V V M	
1	14. F	ATHER'S NAME		a MIDDLE	LAST		15. MOTHER'S MAII	ALICYCLE		LAST	
1			Melvin	Corrman			Ruth	Hewitt			
1	160.	WAS DECEASED	EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	A	DDRESS		
ſ	()	es, no, or unknow	N) (IF YES, GN	E WAR OR DATES)	220-34-	20/12	Man T-	····· Cass	TILE O	ldtown.	Md.
				-			I MIS. JO	yce Coffman.	Wlie,		
		PARTIDEA	TH WAS CALLS	only one couse per line						APPROXIMAT BETWEEN ONSE	ET AND DEATH
		1/11/	IMMEDI	ATE CAUSE (0) Car	rdiac arm	est				sudde	n /
73		7/4	9	DUE TO, OF	R AS A CONSEQUE	NCE OF					
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			to immedio tating the <u>unde</u>	< , , ,	AS A CONSEQUE		icar o arsec			2 / 24	1.5
		lying cous		50010,00	. 40 4 601106006	1402 01					
				(c)						1	
	-	PART 2 OTHER SIGI	HEICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL OISEA	SE OR CONDITION GIVEN IN I	PART 1 (a)			
	Ö	Chron	ic alco	hol abuse							
7	X	19s. DATE OF	PERATION		TION FOR WHICH	OPERATION V	WAS PERFORMED?			20 AUTOPSY	'?
100	FF	5.0								YES 🗆	NO Y
1	MEDICAL CERTIFICATION	210. EXTERNAL	CAUSE WAS	21b. TIME O	FINJURY	71c F	OW INJURY OCCUP	RED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PAR		X
2	IC		OR G CAUSE O			YEAR		The Committee of the Control	S		
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	l e	21d. INJURY O	CURRED		OF INJURY (AT HO	ME. 211 LC	DCATION STREET	CITY OR TOWN	cou	INTY	STATE
	1	WHILE AT WORK	AT WORK					511 St 10 WH	000		4.11.6
					The state of the state of						
		22a. I certify	that I took cho	e of the remoins de	scribed above	ari Auto	psy . Inspect	ion 🛛 . Inquiry 📉	, ond in my op	inion	
		deoth resulted	from:	Fol couses X.	Accident	Suicide _	, Homicide	Undetermined manner	<u> </u>		
			11	1 /	hum	-	TITLE (SPECIFY)				
	1	ACTUAL SIGNATURE_	Λ.	levi	OV		A.D. Ast. Dot	V MEDICAL EXAMINE	DATE	8-20-8	3
0	1	John Aloke _							SIGNE		
-		EXAMINER'S N		Da 3 . C	M D		MA-		1		
_	-	(TYPE OR PRIN		Paul Snow.				orial Hospita	1		
	23a. B	URIAL, CREMAT	ON, REMOVAL			F CEMETERY	OR CREMATORY	23d. LOCATION	COUN		TATE
		Burial		8-23-198	3 Fron M	emoria		Cumberland			
	24. F	UNERAL DIRECT						REC'D. BY REGISTRAR 2	LEGISTRAR'S SI		
		J	ames F.	Scarpell	i. Cumber	land.Me	. A11	2 2 5 1022	26 91	Carried	
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STATE OF MARYLAND

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1	FOR STATE REGISTRAR		DEPAR	STATE OF MARYLAN TMENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGIENS
m.c	1. DECEASED NAME	FIRST	MIDDLE	LAST	2a. DATI

7b. CITIZEN OF WHAT COUNTRY?

Memorial Hospital

Cumberland

166 SOCIAL SECURITY NO

Anderson

LILLIE

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR DATES)

Allegany

White

USA

REG. NO OF DEATH 2h HOUR 2:30 August 6. AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 1892 91 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Allegany 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOusewife 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO K Rfd 3 Box 331-B Bedford Road 15 MOTHER'S MAIDEN NAME MIDDLE Naple Beall ADDRESS Cumb., MD 21502 Zelma Schell Rfd 3 Box 331-B Bedford RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YE5 [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

213-22-2970 NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ELLIOTT

YES [

17 INFORMANT

5 DATE OF BIRTH

May

WIDOWED

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. IN JURY OCCURRED 21e. PLACE OF INJURY

10 AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21f. LOCATION

3 SEX

Female

PA PA

MD

4 FATHER'S NAME

TO BIRTHPLACE (STATE OR FOREIGN

O. CITY OR TOWN OF DEATH

James

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Cumberland

AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an obove, (I) (we) (did) (did nat) view the body after death

and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated **DEGREE** 

CITY OR TOWN

COUNTY

STATE

PA

22L SIGNATURE

22d PHYSICIAN'S NAME LITYPE OR PRINT

NOT WHILE

Aug. 31, 83

ATTENDING 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

21502

Bethel Cemetery

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Memorial Hosp. Med. Bldg.

Cumberland, MD 21502

23d. LOCATION

CITY OR TOWN

Bedford Rfd Bedford

22c. DATE SIGNED

Should be detained with the State [ MPORTANT Dr. Robustiano Barrera 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

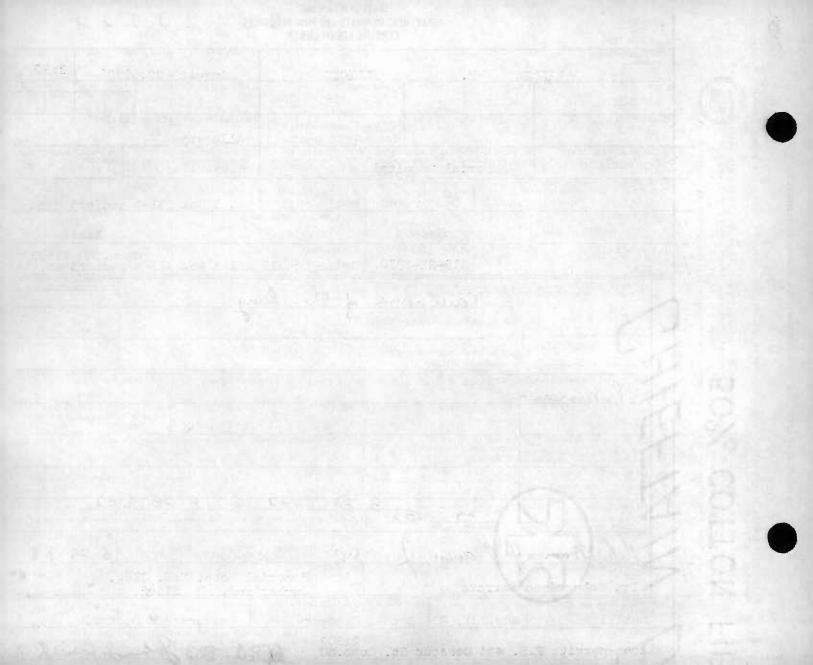
DHMH - 16 50M 4/B2 (VRA 15, 4)

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Burial 24. FUNERAL DIRECTOR

Silcox-Merritt F.S. 404 Decatur St. Cumb.MD

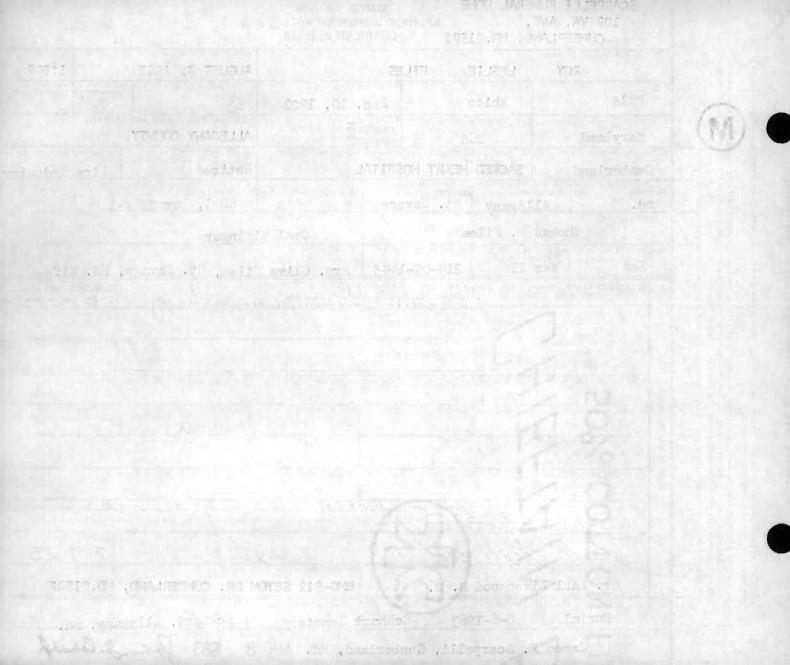
23b. DATE



deoth	{TYP	CEASED NAME FIRST HARV		RAY	FAZE	NBAKER	AUGUST 16,	1983	26. HOUR 8:55R
offer	1. SE	Male		4. RACE 5. DATE OF MONTH Aug.		DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  ITY OR TOWN OF DEATH	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR COUN Allegany Count 126. USUAL OCCUPATION	TY OF DEATH	MD.
190		Cumberland	Sacre	d Heart H	ospita		(TYPE OF WORK FOR MOST OF WORKING  Timberman	INDUSTRY Timbe	
35	Maj	ryland Gar	E OR OTHER INSTITUTION DUNTY <b>rett</b>	136. CITY OR TOW Grantsv	ille	136. INSIDE CITY LIMITS? YES NO 🔼	13e. STREET ADDRESS Star Route	21	.536
10		Jacob		azenbaker		IS MOTHER'S MAIDEN NA ELIZA	WIDDLE	Burkhol	der
J. Gelon	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN} (IF YES	ARMED FORCES?	215-05-		Mrs. Dorothy	ADDRESStar Wilburn, Grants	sville, M	Id.21536
es any njury, or other tr	CERTIFICATION	gave rise to immediate cause los, stoting the underlying couse last  PART 2. OTHER SIGNIFICAL  OCHUPANIE OF OPERATION	DUE TO, CONTINUES C	t Fail	DEATH BUT	NOT RELATED TO THE TERM Chlome N WAS PERFORMED	IN CER	ES, WERE FINDING	GS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY .m. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM )	YES	NO []
wed or in	MEDICAL	21d. IN JURY OCCURRED  NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Nem 21 is mo	1	220.1 certify ) ot (1) (this h	ospitol) ottended the odu			DEGREE	, to		
MPORTANT: #	1	22d. PHYSIC AN'S NAME (T		CZ , M.D.	<u>.</u>	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	ERLAND, 1	MD 21502
213	23a. E	BURIAL, CREMATION, REMOVE BURIAL		1983 Bi	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

THE PARTY OF THE P TOPI OF TREUE CONTROL OF THE STATE OF THE ST 38 . 25, 235 Allegany Soundy, Lymboriand Borrel Beart hompital Pinberman 23.5-05-21.80 | Mar. Lorothy Miles, Canteville, Ld. Alex SEASON TIENCIE TOS CHATA - 028 STSHOR VOI ST ROLD, CHARRIAND, 157 21595 8-19-1983 Clithian and appreciate Biddingon, accorbig id. .64 .efffvsings

£ 4			EASED NAME FIRST	LESLIE	FILES	LAST	AUGUST 3,		YEAR	26. HOUR 1:30P
r, poge 3 frer death		3. SEX		4. RACE White		DATE OF BIRTH  Jan. 10, 1920	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 H
Se Constitution	10	7e: 81	RTHPLACE   I STATE OR FOREIGN		JNTRY? 8.	AARRIED NEVER MARRIED	63	YRS.	FDEATH	
deoth.	区		Maryland	USA	W	DOWED DIVORCED [	ALLEGANY C			211201222
s offer by the ided w	Cumberland		umberland	SACRED HEAR		OME OR OTHER INSTITUTION	120 USUAL OCCUPATION Retired	F WORKING LIFE)	12b. KIND OF INDUSTRY Tire	Indus
in 24 houry y filled in shootd be	and Z	13a. S	13b C	ME OR OTHER INSTITUTION, GIVE RESIDEN OUNTY 13c. CITY C		e YES NO K	RD 1, Bo	x 29 A-	12	15%
mplerel ond 2	exomin	14. FA	THER'S NAME FIRST Thom	as R. Files	AST	15 MOTHER'S MAIDEN	Risinger		LAST	
e execute	medicol	16a W	YAS DECEASED EVER IN U.S.	S. GIVE WAR OR DATES)	AL SECURITY	NO. 17. INFORMANT	ADDRE		Md. W	1460
of the death  y the attendi	thert		gove rise to immediate cause (a), stating the underlying cause los	DUE TO, OR AS A COL	NSEOUENCI	E OF				
ow requires that the sheen signed by the rmit. Then please rem prior to burial, crema	ony injury, or other t	ICATION	cause (a), stating th underlying cause los	DUE TO, OR AS A COL	NG TO DEA	E OF  TH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONI	20b. IF YES, V	VERE FINDING CAUSES	GS USED
The low requires that the ticion. It is a peen signed by the sit permit. Then please rem giene prior to burial, crema	shows any injury, or other t	ERTIFICATION	cause (a), stating the underlying cause los  PART 2. OTHER SIGNIFICA  19a DATE OF OPERATION	DUE TO, OR AS A COI	NG TO DEA	TH BUT NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	WERE FINDIN NG CAUSES (	GS USED
The low requires that the ticion. It is a peen signed by the sit permit. Then please rem giene prior to burial, crema	rem 18 shows any injury, or other t	CAL CERTIFICATION	cause (a), stating the underlying cause los	DUE TO, OR AS A COI	WHICH OPE	TH BUT NOT RELATED TO THE TE	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	WERE FINDIN NG CAUSES (	GS USED OF DEATH:
PHYSICIAN: The low requires that the tending physician. this certificate has been signed by the burial-transit permit. Then please remaid Mental Hygiene prior to burial, cremand Mental Hygiene prior to burial, cremand	rked or Item 18 shows any injury, or other t	MEDICAL CERTIFICATION	cause (a), stating the underlying cause los part 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE (CONTRIBUTING CAUSE	DUE TO, OR AS A COI  (c)  (c)  (NT CONDITIONS CONTRIBUTION  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21c. PLACE OF INJURY ALTHOMS STREET FACTORY	NG TO DEA! WHICH OPE TH DAY	TH BUT NOT RELATED TO THE TE ERATION WAS PERFORMED  21c HOW INJURY OCC 19 21f LOCATION	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES (	WERE FINDIN NG CAUSES (	GS USED OF DEATH? NO
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ital OR ATTENDING PHYSICIAN: The low requires that the by the haspital or attending physician.  ERAL DIRECTOR: After this certificate has been signed by the editoched for use as the burial-transit permit. Then please rem	If them 21 is morked or them		Cause (a), stating the underlying cause los	DUE TO, OR AS A COI  (c)  (c)  (NT CONDITIONS CONTRIBUTION  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (h)  (f)  (f)  (f	WHICH OPE TH DAY OFFICE, FARM.	TH BUT NOT RELATED TO THE TE  ERATION WAS PERFORMED  YEAR 19 216 HOW INJURY OCC STREET  TO THE TE  OCCUPATION STREET  OCCUPATION (my) (our) opini DEGREE	200 AUTOPSY?  YES NO X  URRED (ENTER NATURE OF INJUI	20b. IF YES, V IN CERTIFY IN YES IN THE 18 PART	COUNTY  COUNTY  22c. DATE S	GS USED OF DEATH? NO STAT
OR ATTENDING PHYSICIAN: The low requires that the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the oched for use as the burial-transit permit. Then please remote to the land Mental Hygiene prior to burial, crema	Hem		PART 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED  WHIE AT WORK AT WORK  22a. I certify that (I) (this is above of the individual of the decount of the individual of the decount of the individual of	DUE TO, OR AS A COI  (c)  (c)  (NT CONDITIONS CONTRIBUTION  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (h)  (f)  (f)  (f	WHICH OPE	TH BUT NOT RELATED TO THE TE  ERATION WAS PERFORMED  21c HOW INJURY OCC  YEAR 19 21f LOCATION STREET  , ond that in (my) (our) opini  DEGREE  ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY?  YES NO X  CURRED (ENTER NATURE OF INJUI  CITY OR TO  3, to 3  ion death occurred on the do	20b. IF YES, V IN CERTIFY IF YES   YIN ITEM 18 PART WN , 19 pte and hour o	COUNTY  22c. DATE S	GS USED OF DEATH? NO  STAT



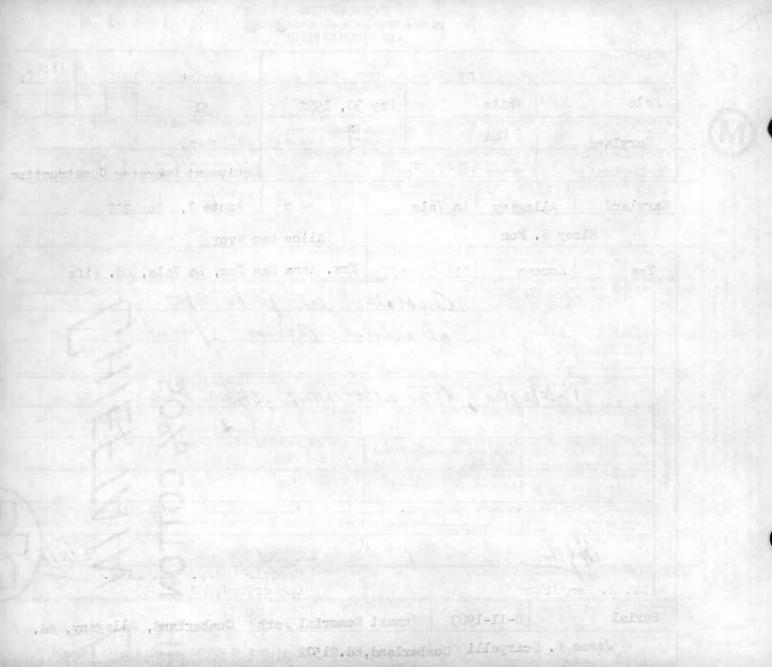
	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL # G ICATE OF DEATH	REG. NO.	8 3
poge 3	1. DE	CEASED NAME FIRST OR PRINT) GETTY	ude l	iraini	م	Fletcher	20. DATE OF DEATH MONTH DA	1, 1983 4 30 M
- E	3. SE		4 RACE White	9	5. DATE C		7.4	FUNDER I YEAR IF UNDER ZA HRS
within 72 hours of the drawn of		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.		F WHAT COUNTRY	2 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF Baltimore City	
filed within	10. C	TY OR TOWN OF DEATH  Balto.	(IF NOT IN S	UCH FACILITY, GIVE STREE	NG HOME (	tn. Balt., Md.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)HOUSET	176. KIND OF BUSINESS OR
old be		AL RESIDENCE (IF NURSING HOMES STATE 136 200 Md. Alle		134. CITY OR TOV Cumber	VN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 801 Ridgedale A	ve. 21502
olexaminer	14. FA	THER'S NAME FIRST  George	WIDDLE	Seay		IS. MOTHER'S MAIDEN NA FIRST Virgini	a MIDDLE	UNK
. Poges		VAS DECEASED EVER IN U.S. A res, no or unknown) { (if yes, g NO	RMED FORCES?			Daniel Fletc	408 Corinne I	48187
on papers. Pages emaval. event, the medica		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one cause p ED BY: (TE CAUSE (a)_	RESPIF	ATOR)	ARREST		BETWEEN ONSET AND DEATH  5 MIN
atian, or r roumatic		3109 Conditions, if ony, which	DUE TO,	OR AS A CONSEQUANT OF ASPIR	ATTON	(ACUTE AND	CHRONIC)	4 HRS
al, crema		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO.	OR AS A CONSEQUE OR	JENCE OF	AIN SYNDROM	IE (WITH POOR)	> 15 MONTH :
r ta buric injury, a	NO	PART 2. OTHER SIGNIFICANT		CONTRIBUTING TO		NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
ows any	CERTIFICATION	190 DATE OF OPERATION	196 CON	IDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR .	OF INJURY A.M. MONTH E P.M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART ?)
rked or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use a of Health 21 is mai		220.1 certify that (this hasp saw the deceased alive o above, which add	0 1 =	TO 1	02	nd that in (my (our opinion	death occurred on the date and hour	ond from the couses stated
detached ste Dept. T: If Item		22b. SIGNATURE	Kurla	nd		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	9/1/83
should be deta with the State IMPORTANT: II		22d. PHYSICIAN'S NAME ATYPE	OR PRINT) KURLF	M Chr		UNIV. OF MU	HOSP. FAMILY HEAD	TH BALT. MS
o de Maria		BURIAL, CREMATION, REMOVA (SPECIFY)  Burial				EMETERY OR CREMATORY st Burial Par	23d LOCATION CITY OR TOWN CLITY OR TOWN Cumberland A	COUNTY STATE
6 50M 4/B2		UNERAL DIRECTOR NAME  1cox-Merritt Fi		404 DRE D	ecatur	St. 250. DA	TE REC'D. BY REGISTRARI258. REGISTR	

STATE OF MARYLAND

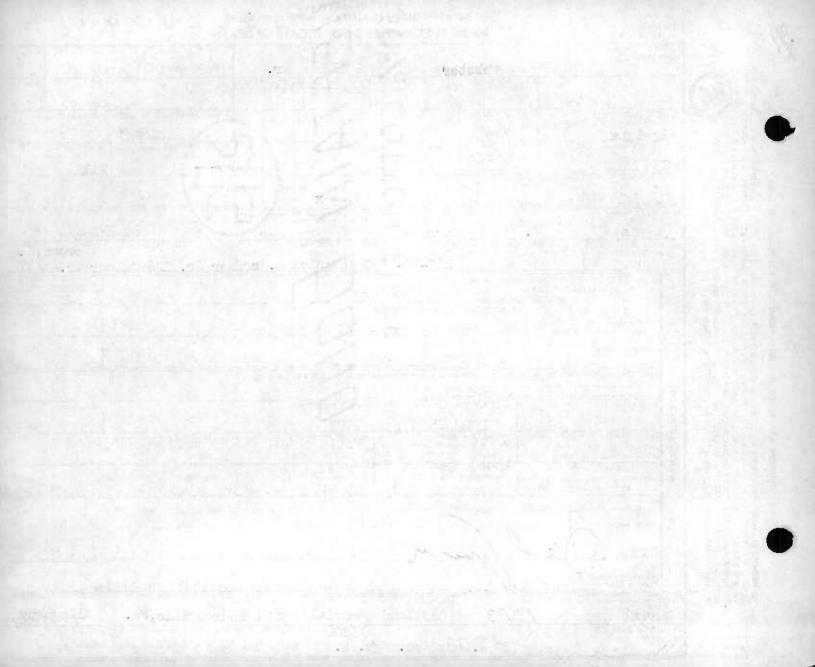
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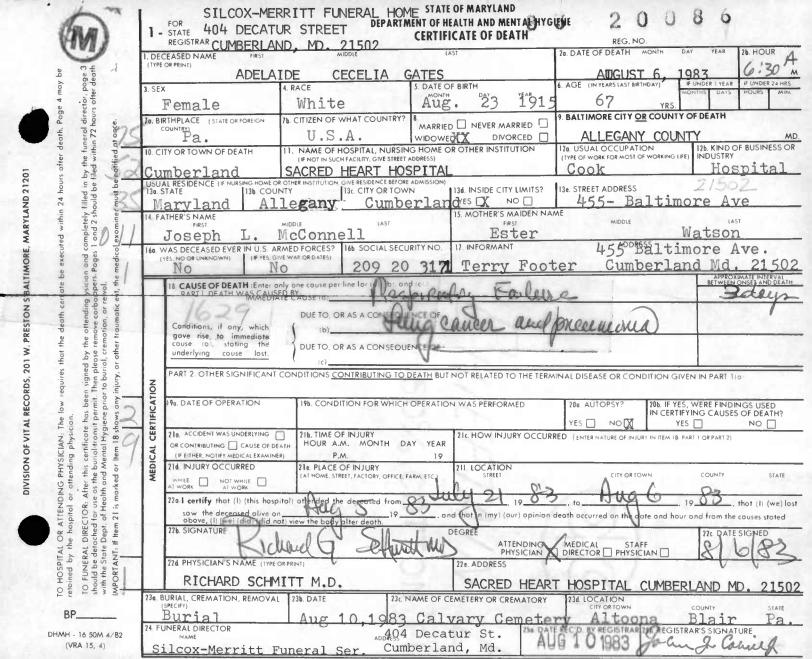
(VRA 15, 4)

STATE OF MARYLAND



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□ 8 26 183 1305 <sub>M</sub>
MONTH DAY YEAR 26 HOUR
8 26 183 1305 <sub>M</sub>
TY OR COUNTY OF DEATH
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(TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
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- Cagra
ELD 71/11
LAST
Washington
FCC
Verona, Pa
26 Calmar Dr. 15147
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 days
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20 AUTOPSY?
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YES NO [X]  N 18 PART 1 OR PART 2)  COUNTY  STATE  Ond in my opinion  .
YES NO [X]  NIBPART LORPART 2)  COUNTY  L. Pennsylvania  ond in my opinion  DATE SIGNED 8/26/83  Cumberland, MD
YES NO [X]  NIBPART LORPART 2)  COUNTY  L. Pennsylvania  ond in my opinion  DATE SIGNED 8/26/83  Cumberland, MD
YES NO (X)  MIBPART LOR PART 2)  COUNTY  Pennsylvania  ond in my opinion  DATE SIGNED 8/26/83
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ZIEGLER FUNERAL HOMEDEPARTMENT OF HEALTH AND MENTAL MYGIENE

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(VRA 15, 4)

STATE OF MARYLAND

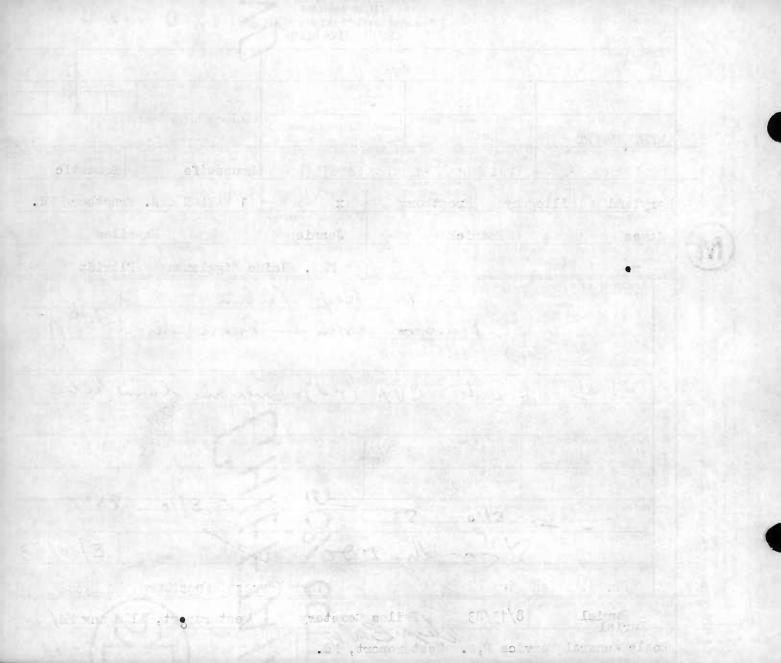
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1-	FOR STATE		TMENT OF HEALT	MARYLAND H AND MENTAL HY CERTIFICATE OF	BEATH	0 8 8	
	REGISTRAR ECEASED NAME (PE OR PRINT)  SYLVI	MIDDLE	ginia	GILLESPIE	20. DATE KNOWN X OF ESTI- DEATH MATED [	MONTH DAY YEA	2b. HO
3. SE.	F 4. RACE	5. DATE OF BIRTH MONTH 22-08 VEAR	AST BIRTHDAY) MOI	JNDER 1 YR. IF UNDER 24		8-19-83 <sub>9</sub>	2d H 083
O We	BIRTHPLACE ISTATEOR OREIGN COUNTRY) est Virginia	76. CITIZEN OF WHAT COU USA	8. MAR WIDO	RIED TO NEVER MARRIED WED DIVORCED	9. BALTIMORE CITY  Allegan	OR COUNTY OF DEATH	
00	Cumber land	11. NAME OF HOSPITAL, N I IF NOT IN SUCH FACILITY, GIVE 834 Golden	ane ane	HER INSTITUTION 12	USUAL OCCUPATION   TY     FOR MOST OF WORKING LIFE)	PE OF WORK 126 KIND OF OR INDU	
13a. S	AL RESIDENCE (IF IN NURSING HOMEO STATE 136, COUN' aryland Allega	or other institution, give residency  13c. CII  CU	ce before admission) IY OR TOWN Imberland	13d. INSIDE CITY LIMITS? YES NOX	street address 834	Golden and	2
0	ATHER'S NAME William		shabaugh	15. MOTHER'S MAIDEN FIRST Kittie	WIDDLE	Greenwoo	od .
16a.	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) IF YES, GIVEN  18 CAUSE OF DEATH (Enter onl	war or dates) 225	5-28-0580	Leonard N	ADDRES Gillespie		Ва <b>-</b> е.
NO	Canditions, if ony, which gove rise to immediate cause (o) stating the underlying cause last.  PART 2 DTHER SIGNIFICANT CONDITIONS (Atrial fibri)	DUE TO, OR AS A CO  (c) Carcin  CONTRIBUTING TO DEATH BUT NOT RE	tatic endom DNSEQUENCE OF Noma endome	netrial carci etrium ASE OR CONDITION GIVEN IN PART 1		2 year	ars
MEDICAL CERTIFICATION	19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS	196. CONDITION FOR	R WHICH OPERATION		ENTER NATURE OF INJURY IN ITEM 1	20 AUTOP: YES  B PART 1 OR PART 2)	
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF D	21e PLACE OF INJUR	19 RY (ATHOME, 1211. L	OCATION STREET	CITY OR TOWN	COUNTY	STA
MEDICAL CERTIFICATION	22a. I certify that 160k charg death resulted from: Natur ACTUAL	e of the remoins described ob ral couses , , , , , , , , , , , , , , , , , ,	Suicide	Homicide	Undetermined monner	DATE SIGNED 8-19-	-83_

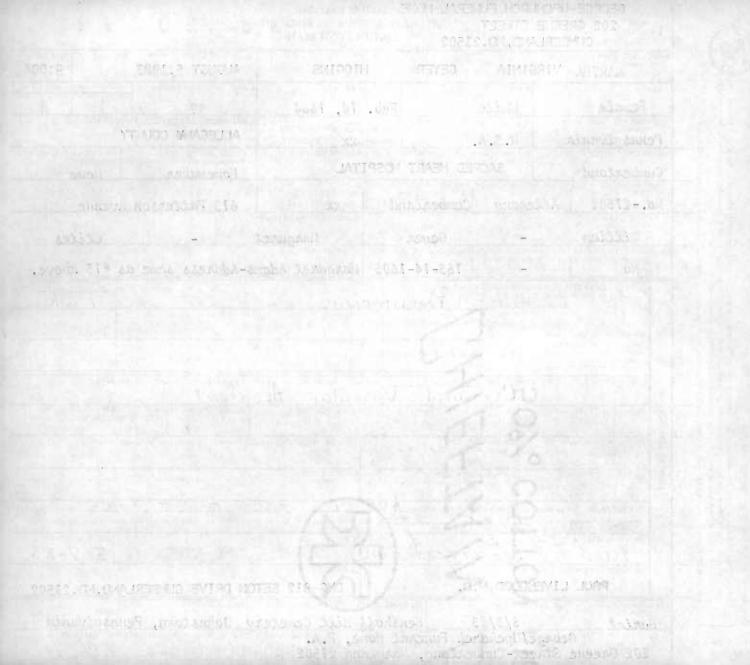
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1	١.	FOR	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	2 0 C	8 9
200		STATE REGISTRAR	- Day Art	CERTIFICATE OF DEATH		
		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 25. HOUR
	ITYPE	orprint) Milds	sed Sara	6Tages	2 -	19-83 12 PM
	3 SE		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST RIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
1	F	emale	white	MONTH DAY YEAR	XXX 58 YRS.	MONTHS DAYS HOURS MIN
18	70. B	RTHPLACE ISTATE OR FOREIGN 7	B. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
85		W.Va.	u.S.A.	WIDOWED DIVORCED	Allegany	WC
70	10 C		I IF NOT IN SUCH FACILITY, GIVE STREE		(TYPE OF WORK FOR MOST OF WORKING L	17b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
10	USU	AL RESIDENCE HE NURSING HOME OR O	TTOSTBUTS UT 110		Ollitiowii	Olimito wit
25	13R :	STATE 136 COUNT	Y 13c. CITY OR TO	WN 134. INSIDE CITY LIMITS?	13 . STREET ADDRESS	, 2/502
2		THER'S NAME	gany laval	YES NO D	101 1 130 X 3	12, La Vale M
10	1		DDLE LAST	FIRST	WIDDLE	LAST .
U		Ray mond	M. White	man Catherin		Davey
1	Iór V	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN)	VAR OR DATES)	3. w	ADDRESS	
event, the		NO	217-10	135 June 85	en Camber	
		11. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), a	nd (c).)		BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED		drac allest		minutes
		4149	DUE TO, OR AS A GONSEON	IENCE OF		
		Canditions, if any, which		oscleratic corona	y artry discare	years.
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF	A 110	
	100	underlying cause last.	(6)	SERVEE OF		
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(a
	S S	Two prior core	Govalinlas ac	cidadis Diabeta	mellitus.	
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
4	Ĕ					FYING CAUSES OF DEATH?
Ó.	0K	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	
7	_	OR CONTRIBUTING CAUSE OF DEATH				
4	MEDICAL	21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		22e I certify that (1) (this hospita		May 80 19 86	10 Aug 19	, 19 <u>83</u> , that (1) (we) last
		saw the deceased alive on above, (1) (we) (did) (did nat)	yew the body ofter death	and that is (my) (our) apinion	death accurred on the date and ha	ur and fram the causes stated
		226 SIGNATURE	1000	DEGREE		22c. DATE SIGNED
		(1 Chimas	1. Dolar	LYO MD ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR   PHYSICIAN	20 Aug 83
		226 PHYSICIAN'S NAME (TYPE OR)	PRINT)	220 ADDRESS	James on C. I Harden C. C.	
- 1		Thomas i	T. Devlin M.	55 Jacks	on Street, Lon	accoring, say
+	73n	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	9667171,096
	(	SPEC#Y}			CITY OR TOWN	COUNTY STATE
	24 5	Burial UNERAL DIRECTOR	Aug 21,83	Indian Mound		shire W. Va
9		NAME	ADDRESS	A 4 5	G 2 9 1983	TRAK SOIGHATUKE
1	J	ohn J. Hafer,	Jr. LaVale	, Md. 21502 AU	0 4 3 1200	

24 TXX 58 Herard Louis 21,83 Indian Mound . Commey Hampahian John J. Haier, Jr. Lavale. no. 3502 ALE29 Per



ME			EASED NAME FIRST VIR	GINIA	GEYER		AST HIGGINS	AUGUST 5,	NONTH DAY YEAR	26 HOUR 9:00A
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nours off			Female	White		Feb.	14. 1884	99	YRS.	3 HOURS M
ed at once.	5	C	THPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR ALLEGANY		
notified	5	10. CI	y or town of death mberland	11. NAME OF		IG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker	WORKING LIFE) INDUSTR	
net must be	3	13a. S		PROTHER INSTITUTION INTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 613 Patte	2150	
(xomine)	1	14. FA	THER'S NAME WILLIAM	WIDDLE	Gener		15. MOTHER'S MAIDEN NO. FIRST Margare	MIDDLE -	CL	ites
emaval. event, the medical	medical		AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES. G	RMED FORCES?	163-14-		17 INFORMANT Margaret Ada	address s	ame as #13	above.
or other troumatic		z	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c)	ONTRIBUTING TO		NOT RELATED TO THE TER	. //	ITION GIVEN IN PART	1(0)
Then pl		Q			ITION FOR WHICH	OPERATIO		20g AUTOPSY?	20b. IF YES, WERE FIND	DINGS LISED
rmit. Then prior to bu	2	TIFICATIO	198. DATE OF OPERATION					YES NO	IN CERTIFYING CAUSE YES	ES OF DEATH?
rmit. Then p prior to bu ony injury.	2	CAL CERTIFICATION	198. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER NOTIFY MEDICAL EXAMIN	21b. TIME C	OF INJURY	AY YEAR			IN CERTIFYING CAUSE YES	ES OF DEATH?
nis certificate has been sign burial-transit permit. Then I Mental Hygiene priar to bu or Item 18 shows any injury,	29	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME C HOUR A ER) P	DF INJURY .M. MONTH D.	19		YES NO	IN CERTIFYING CAUSE YES  YES  YES IN ITEM 18 PART I OR PART 2	ES OF DEATH?
CTOR: After this certificate has been sign for use as the burial-transit permit. Then of Health and Mental Hygiene prior to but 21 is marked or Item 18 shows any injury,	29	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22d. I certify the observed allowed on the west sided sold of the observed and the observed a	21b. TIME ( HOUR A ER)  21e. PLACE (AT HOME, 51	OF INJURY .M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, In the deceased from	19 FARM, ETC )  A U 6	21t LOCATION STREET  19 63 nd that in (my) (our) apinion	YES NO RED (ENTER NATURE OF INJURY	IN CERTIFYING CAUSI YES  YES  YOUNTY YOU COUNTY  19 33 te and hour and from the	STATE  , that (I) (we) he couses stated
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RECTOR: After this certificate has been sign hed for use as the burial-transit permit. Then pept, of Health and Mental Hygiene prior to butter 21 is marked or Hem 18 shows any injury,	29	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22d. I certify the observed allowed on the west sided sold of the observed and the observed a	21b. TIME CHOR A PRINT P	DE INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, I	19 FARM, ETC)  A U G  3 , o	21t. HOW INJURY OCCUI 21t. LOCATION STREET  19 63 nd that in (my) (our) apinion DEGREE  ATTENDING PHYSICIAN 22e ADDRESS	YES NO RED (ENTER NATURE OF INJURY  CITY OR TOW  to death occurred on the dot	IN CERTIFYING CAUSI YES  YES  YOUNITY YOU COUNITY  To ond hour ond from the condity of the condi	stal  , that (I) (we he couses state  TE SIGNED



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-George 1083 Holler DEATH MATED A. AGE (IN YEARS IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Oct. 19,1901 Male White 81 DEAD Aug. 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) West Virginia Allegany WIDOWED IX DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Cumberland Brice Hollow Road Retired Carman Railroad USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE Cumberland 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Allegany NO TE Brice Hollow Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE George Z. Holler Hester Ann Ryan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT (YES, NO, OR UNKNOWN) no Mrs. Juanita Twigg, Cumberland, Daughter CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if any, which gove rise to immediate couse (a) stating the underlying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on and in my apinion TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAI deoth resulted fram: Homicide Undetermined manner TITLE (SPECIFY) 8-8-1983 Deputy SIGNED EXAMINER'S NAME Dr. Nicholas Giarritta. 900 Seton Drive, Cumberland, Md. 21502 (TYPE OR PRINT) ADDRESS 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPEC Burial Hillcrest Burial Park Aug.11.1983 Cumberland. Allegany. Md. 24 FUNERAL DIRECTOR James F. Scarpel11, Cumberland, Md. **DHMH-17** (VR A15 ME (5)) 15M 2/80

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				STATE OF MARYLAND		
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th the	{TYP	E OR PRINT)	C	11-14-		-46
nay be page 3 r death	3. SE	x Modeline)	1 RACE	5 DATE OF BIRTH	AUGUST 28, 9	# UNDER I YEAR # UNDER 24 HRS
tor, after			O	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
4 15 1	70 B	IRTHPLACE (STATE OR FOREIGN	LAUCASIAN  TO CITIZEN OF WHAT COUNTRY	5 12 1906	YRS.	OFDEATH
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in 24 in 24 and be	134	STATE 136 COUN	TY 13c. CITY OR TOV	VN 134. INSIDE CITY LIMITS?	(3. STREET ADDRESS ,	21732
within should should		ATHER'S NAME	gany FROSTB	15 MOTHER'S MAIDEN N	92 Linden	Stret
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anc ges ges		YES, NO OR UNKNOWN) [IF YES, GIVE	WAR OR DATES)		1 6 71	LINGEN ST.
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e has the ermit ene pr	5	140 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	YING CAUSES OF DEATH?
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PHYSICIAN ng physician. this certifical urial-transit p Mental Hygi d or Item 18		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
HYS pphy pisce rial-t dent	₫	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
0 5 5 9 8 8 B	MEDICAL	214. INJURY OCCURRED	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
D T A T E	1	AT WORK NOT WHILE AT WORK			2 1	~
		22a.1 certify that (1) (this haspite	al) glended the deceased fram.	June 10 198	2, to HMA 28	19 5, that (I) (we) In
ATT Dital		saw the deceased alive an above, (1) (we) (did) (did not	Typew the body after death	, and that in (my) (our) apinio	n death accurred on the date and hou	r and fram the causes stated
H P D T T		276 SIGNATURE	1 (/2	DEGREE		224 DATE SIGNED
TAL the AL Stack		/hary14	yem to	M DATTENDING	DIRECTOR PHYSICIAN	AM29-8
HOSPITAL med by the FUNERAL ild be detac the State I ORTANT:	1	224 PHYSICIAN'S NAME (TYPE OF	Hyli	22e ADDRESS	E SILECTOR E THIS CIAN E	1100
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TO H retain TO FI should with t	730	BURIAL CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	736 LOCATION	100
0.0	1.30	SPECIAL CREMATION, REMOVAL	A 21 100 F	TANK OF CEMETERT OR CREMATORY	CUTY OR TOWN	COUNTY STATE
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DHMH-16 25M	1.	TIME DIRECTOR	ADDRESS	SOLUTION OF SOLUTI	TE REC'D. BY REGISTRAR 25 REGIST	KAK S SIGNATURE
(VRA 15, 4) 1/79	1	JURST FUNER	AL MOME THO.	STEURE, PID. DE	8 1983 Juan	of wanty

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James F. Scarpelli, Cumberland, Md.

FOR - STATE

REGISTRAR

Burial 24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGICAE CERTIFICATE OF DEATH REG. NO 26 DATE OF DEATH MONTH August 3, 1983 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Allegany 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Tire Industry

IN CERTIFYING CAUSES OF DEATH? YES NO [

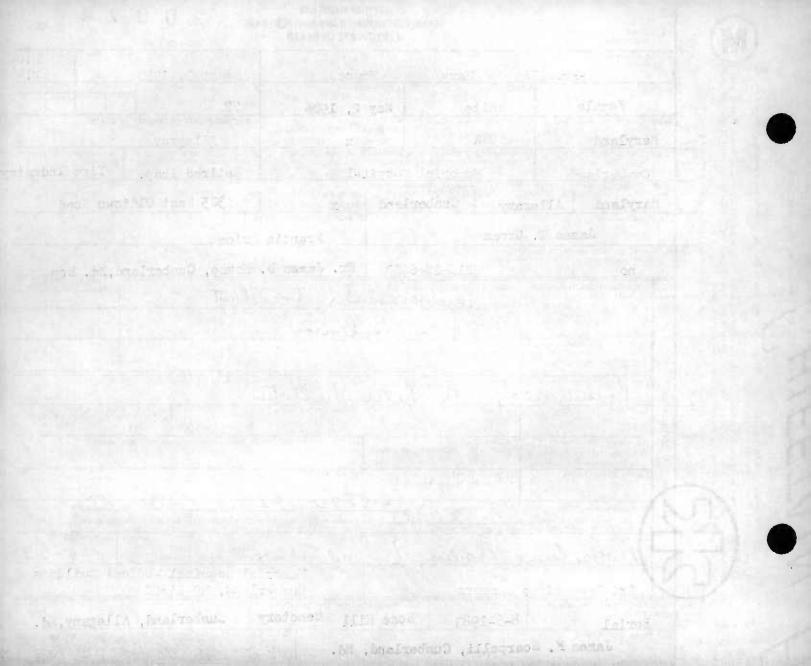
COUNTY

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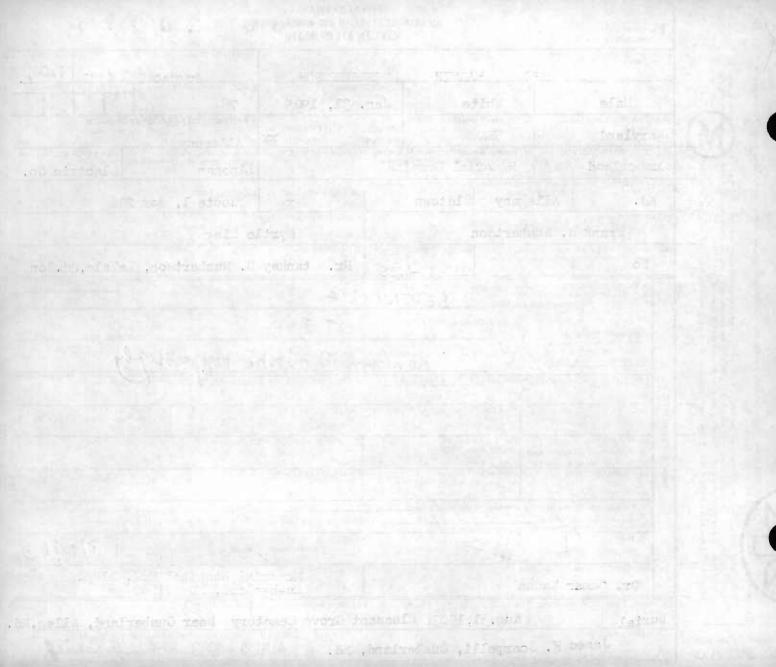
22c DATE SIGNED

Cumberland, Allegany, Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)



	1			STATE OF MARYLAND		a gody to Mil	
	1	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENE 2 0 0	9 5	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
		HOWAR	D MARVIN	HUMBERTSON	August 2	8. 1983 7:00 <sub>A</sub>	
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	
	_	Male	White	Jan. 31, 1905	78 YRS.		
0	M	IRTHPLACE ISTATE OR FOREIGN COUNTRY aryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		Y OF DEATH	
10		imberland	11. NAME OF HOSPITAL, NURSII UFNOT IN SUCH FACTITY, GIVE STREE MEMOTIAL HOSP	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OF INDUSTRY Electric Co.	
35	130.	Md. Alle	other institution, give residence before ITY 13c CITY OR TOV		Route 1, Box	20621555	
10	14. F	Frank R. Hu	modile LAST	15 MOTHER'S MAIDEN N	tle King MIDDLE	LAST	
1	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		ADDRESS		
ent, the medico		YEL NO OR UNKNOWN)   [IF YES, GIVE	218-16-	4656 Mr. Stankey	y D. Humbertson,	LaVale, Md.Son	
		PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), ar D BY: E CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	TICEMIA  JENCE OF UTI	hic Hyperary	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
-	CERTIFICATION	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION G	WEN IN PART ITO
7		19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  YES NO	
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	210. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)  214 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
			ral) ottended the deceased from		, to, to, to, deoth occurred on the dote and ha	that (I) (we) los	
9		22b. SIGNATURE	for	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED	
/		Dr. Qamar Zam			rial Hospital Mederland, MD 21502		
1	23a B	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial		Name of CEMETERY OR CREMATORY Pleasant Grove Ceme	etery Near Cumbe	county STATE	
4/82	24. F	UNERAL DIRECTOR	Scarnelli Comb	erland Md	TE REC'D. BY REGISTRAR ST REGIS	TRAR'S SIGNATURE	



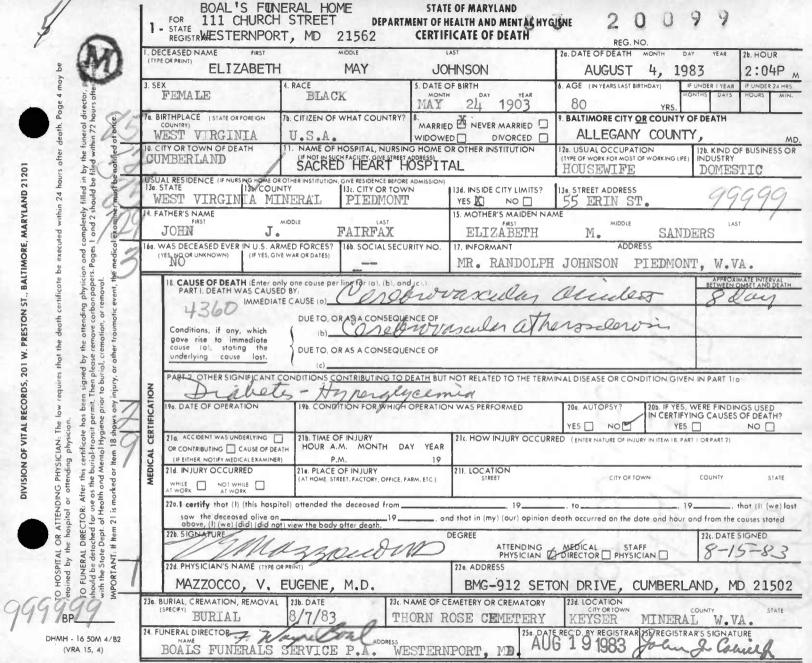
	1 -	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GLÉDIE 2 0 U	9 6
		CEASED NAME FIRST	WIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 8:40
		VIRG		ICE SR.	AUGUST 28, 198	33 p. /
ej ej	3. SE	x MALE	4. RACE WHITE	S. DATE OF BIRTH	6. AGE   IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
· ·	7a. B	INTHPLACE ASSAULANCE OR SOURCE	76. CITIZEN OF WHAT COUNTRY	4 16 1898	85 YRS.	Y OF DEATH
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be notified at an	C	UMBERLAND	"MEMORIAL "HOS		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L RETIRED KELLY S)	126. KIND OF BUSINESS OF INDUSTRY PRINGFIELD TIRE
ad see	130. 5	MARYLAND A	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY LLEGANY LAVALE	YES NO A	13. STREET ADDRESS 1059 NATIONAL I	2/502 HIGHWAY
O/wije	14. FA	JAMES	MIDDLE LAST	15. MOTHER'S MAIDEN NO. MARY E		DAVIS
medicol .		VAS DECEASED EVER IN U.S. A YES NO ON KNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SEC 214-07-		ADDRESS 059 NATIONAL HIGH	HWAY LAVALE, MD
ne prior to buriol, cremation, or we any injury, ar other traumatic	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	286 AUTOPSY7 286 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Mental Hygiene or Item 18 shows		21s. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CRETHER NOTIFY MEDICAL EXAMINE	Marie December 1995 Marie December 1995	TAY YEAR	RED (ENTER NATURE OF MUSEY IN TICK TO	ES NO NO
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State Dept. of He ANT: If Item 21 is		TAUL	or view thereody after death.	DEGREE ATTENDING PHYSICIAN	death occurred on the date and has MEDICAL STAFF DIRECTOR PHYSICIAN	THE PARTY OF THE P
with the State		DR. F. MILTEN		COMBE	RLAND, MD 21502	
		BURIAL, CREMATION, REMOVA SPECIFY BURIAL		NAME OF CEMETERY OR CREMATORY UNSET MEMORIAL PARI		COUNTY STATE
M 4/82	24 Ft	UNERAL DIRECTOR  "SILCOX-MERR	ITT FUNERAL SERV	ICE CUMBERLAND MD.	STEEL	and some

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W. T. T.		REGISTRAR FROSTBUR CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	2a. D	ATE OF DEATH MONTH	DAY YEAR 2	b. HOUR
2		VIRGI				AUGUST 11,198		4:50F
	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	E [IN YEARS LAST BIRTHDAY]		FUNDER 24 H
-		Female	White	Dec. 26	/ - /	63 YRS.		
10 /2 ha	M	aryland	76. CITIZEN OF WHAT COUN	MARRIED NEVER	MARRIED	LTIMORE CITY OR COUNT	TY	
Codified	1	ty or town of death umberland	(IF NOT IN SUCH FACILITY GIVE	URSING HOME OR OTHER INS STREET ADDRESS) ART HOSPITAL	(TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF WORKING L OUSEWIFE	12b. KIND OF INDUSTRY OWN h	
ould be	13a S	at RESIDENCE (IF NURSING HOR NEOR TATE OUN	ITY 13c. CITY OR		CITY LIMITS? 13e. S	TREET ADDRESS 05 Barnard	St.	133
ond 2 sh	14. FA	THER'S NAME FIRST Raymond	MIDDLE LAS	ST	'S MAIDEN NAME FIRST Leta	WIDDIE	Wilheln	1
Poges 1		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL E WAR OR DATES)	SECURITY NO. 17 INFORM.			St. Fbg	
een signed by the otte ir. Then please remove for to buriol, cremotion by injury, or other troum	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT Constitution of the country of the	Kindens Di S	SEOUENCE OF Jumphome	D TO THE TERMINAL TO SLETCH 1	Bracks In	IVEN IN PARTAL	e susep
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sit perm giene pr	E		216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	NJURY OCCURRED (	ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
t per		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TITT .					
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		22a. I certify t	hat I took charge	of the remains o	described obov	ve, held on	Autop	sy 🔲, In	spection X	, Inquiry	也。	nd in my	opinion		
		death resulted	fram: Natural	couses .	Accident	L, Suid	ide	, Homicide	-	determined mo	onner	,			
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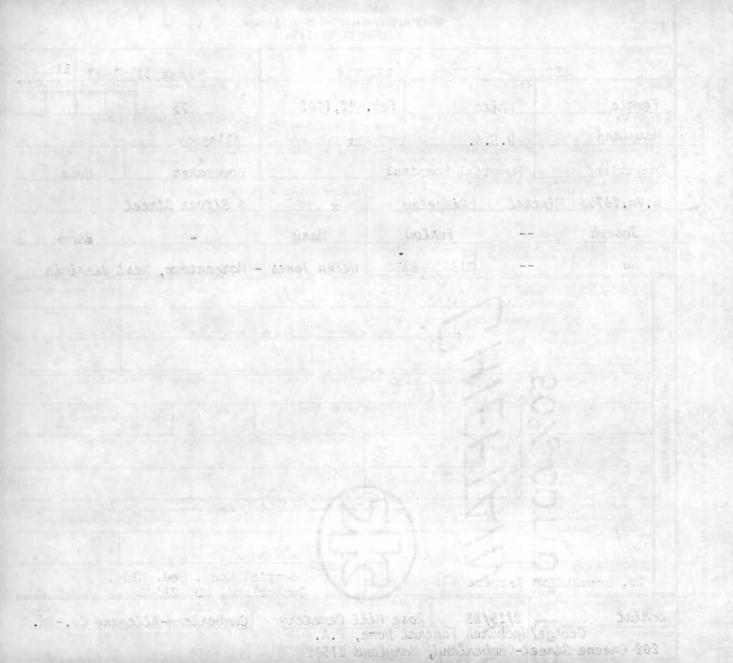
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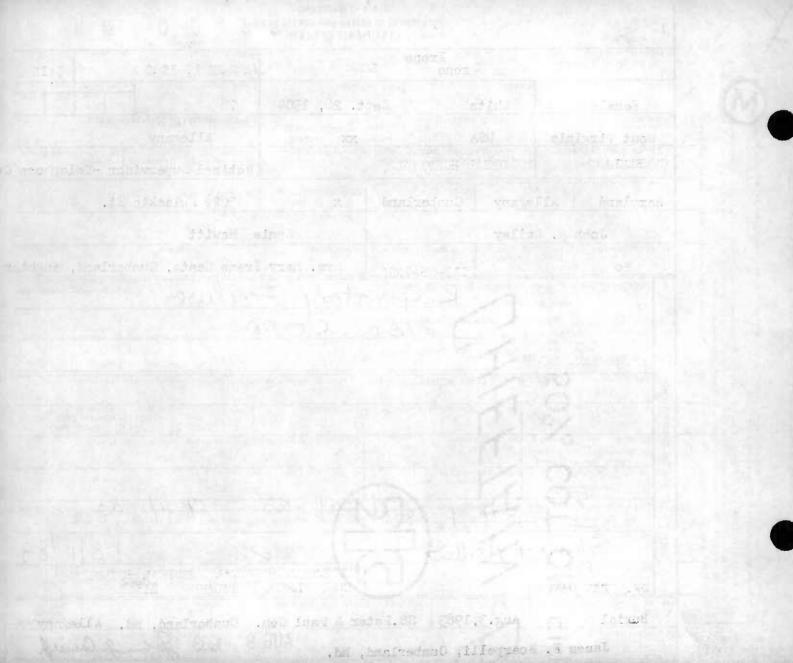
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	REGISTRAR			ER'S CERTIFICATE	OF DEATH RE	G. NO.	
	DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE KNOV	VN MONTH DAY YEAR 76	HOUR
	A	nnie	L.	Laber	OF EST DEATH MATE	D & 8/30 1083 1	AM
3 5	SEX 4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHD)		ER 24 HRS. 2c. DATE	- /	HOUR
F	emale Whi		1897 86 YE	The state of the s	MIN. PRONOUNCED DEAD	8/30 1033 5	- 00 M
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		HAT COUNTRY?	8. MARRIED NEVER MA	9. BALTIMORE	CITY OR COUNTY OF DEATH	-
0	Maryland	II.S.			RCED Alle	gany	MD.
10.	CITY OF TOWN OF DEATH		SPITAL, NURSING HOME	, OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	N (TYPE OF WORK 126 KIND OF BUSIN	
0	Frostburg	Rt	Box 126		Housewif		
US	UAL RESIDENCE (IF INTOURS)	NG HOME OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE ADMISSIO			0 000	
		Allegany	Frostbu	13d. INSIDE CITY LIMITS YES NO		Box 126 0/00	1
/ 14.	FATHER'S NAME			15. MOTHER'S MA	IDEN NAME		
0	John John	WIDDLE	Losterman	Gat!	herine	Cook	
160	. WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY			DRESS 1249 Braddo	ck
	(YES, NO, OR UNKNOWN) (I	FYES, GIVE WAR OR DATES)	216-26-9	683 Mrs. S			Md
F		Enter only one couse per lin		<u> </u>		APPROXIMATE INTE	RVAL
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§	4140"	MMEDIATE CAUSE (o)  DUE TO, O	R AS A CONSEQUENCE O			10 JANE	
I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if any						
	gove rise to in couse (o) stating the		R AS A CONSEQUENCE O	)F			
- 1	lying couse lost.	(4)					
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1 3				THE STORY OF CONDITION OF THE WIT	TART FIG.		
기를	190. DATE OF OPERATI	ON 196 COND	ITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?	
1 8							·K
	210 EXTERNAL CAUSE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I		-
)	UNDERLYING OR CONTRIBUTING CA		M. MONTH DAY YEAR M. 10				
NEDICA.	214 INJURY OCCURRE	21e PLACE	OF INJURY (AT HOME,	21f. LOCATION			- 1-
1 3	WHILE NOT W	MILE [	CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
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1		ok charge of the remains de			tion , Inquiry ,	and in my opinion	
1	deoth resulted from:	Notural couses X,	Accident L., Sui	cide, Homicide	· Undetermined monner		
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1	SIGNATURE	in me	unnung	C. M.D. HUD V	MEDICAL EXAMINER	SIGNED U 30 E	<u>,                                    </u>
1	EXAMINER'S NAME	n		000	Octor D.	Chamban 2 and No	3
- 20			astrangelo	ADDRESS_900		Cumberland, M	d.
230	BURIAL, CREMATION, REA			NETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
74	FUNERAL DIRECTOR	Sept.21	3 Frostbu			g, Allegany, M	d.
1	NAME	ADDRES	Fronthum		8 1983	2. Capital	
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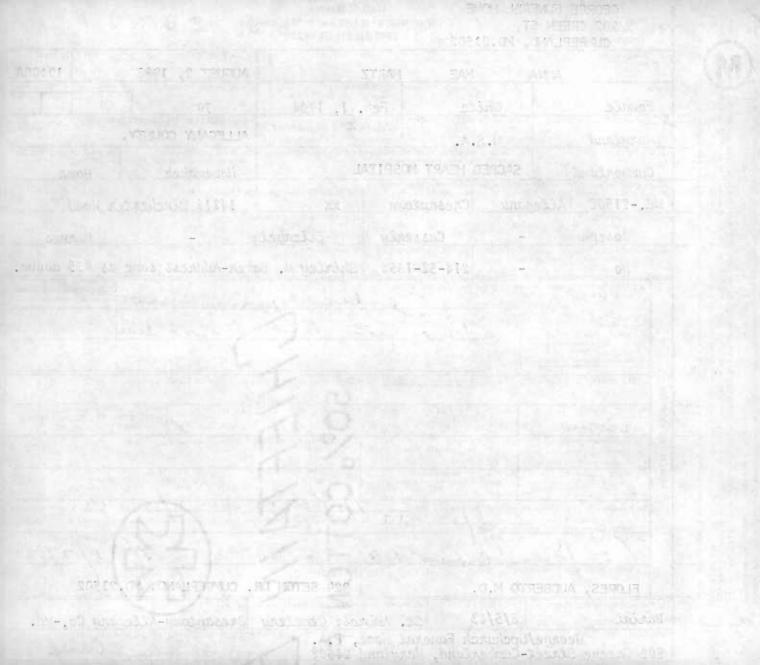
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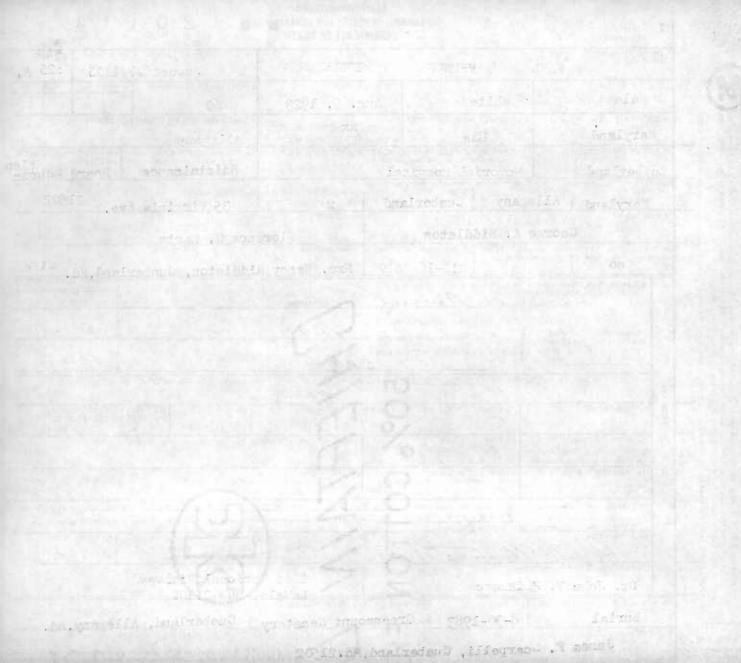




ED /01 5			EASED NAME	FIRST	MD.21	WIDDLE	L	AST	20. DATE OF DEATH	O. MONTH DAY	YEAR	2h HOUR
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1	- 9	3. SE	(		RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24
	8		emale		Whi	te	Feb		79	YRS.	VIHS DAYS	HOURS A
6	50	Ze. BI	RTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	FDEATH	
at or	5	. 1	laryland		u.s		WIDOWE	D DNORCED	ALLEGANY (			
hotified	52		ty or town of DEA			HOSPITAL, NURSIN CH FACILITY, GIVE STREET, HEART HO		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF COMPANY OF WORK FOR MOST COMPANY OF MOST COMPANY OF THE PROPERTY OF T	F WORKING LIFE)	12b. KIND OF INDUSTRY HON	
ust be	3	USU/ 130 S	AL RESIDENCE (IF NURS	13b. COUNT	Y	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	215	02	
a mush	7		121502	Alleg	any	Cresapto	wn	YES XX NO	14218 Wi	ncheste	r Road	d
mine	10	14. FA	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NO FIRST	AME		LAST	
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medical	1		VAS DECEASED EVER		ED FORCES? WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT	ADDRE			n /
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the State Dept. of Health and Mental			gove rise to imic couse (a), statir underlying couse  PART 2. OTHER SIGN  190. DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MED)  210. INJURY OCCUR! AT WORK NOT WE ALL WOOD  220.1 certify that (I)  Sow the decease obove (I) (We) (s)	Which mediate and the last.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH  CALEXAMINER  RED  ORE  ORE  AME (TYPE OR F	DUE TO, O  (c)  (c)  INDITIONS CO  196 COND  216. TIME C HOUR A. P.  216. PLACE (AT HOME, STI	RAS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M. OF INJURY  OF INJURY  THE DECEMBER OF THE DECEMBER  OF INJURY  THE DECEMBER OF T	OPERATIO  AY YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCUI 211. LOCATION STREET  19 and shot in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJU CITY OR TO A death accurred on the death accurred to the death	DITION GIVEN  20K IF YES, W IN CERTIFYIN  YES [ RY IN ITEM 18 PART  WN  pre and hour at	VERE FINDIN NG CAUSES (	GS USED OF DEATH NO   ST  what (I) (w
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Daniel Turking . . . MED OF and the state of t POLIS FORENJI GENTLON, D.A. WENDONOR, M.



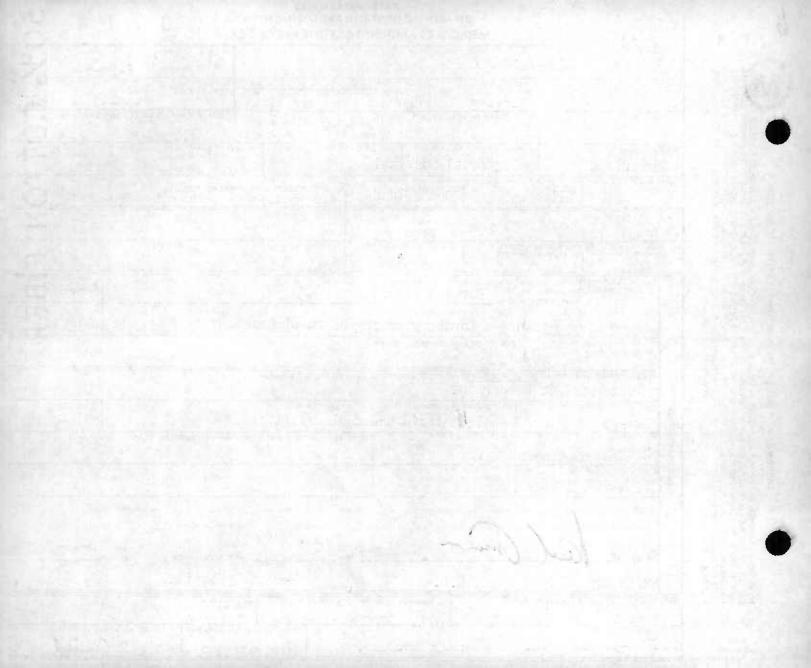
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Charles B. Miller DEATH MATED Aug. 1 19 83 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 83 Male White 7,1902 Aug. 80 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! MD USA Allegany WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS RETAIN PARTICULOR BE F Cumberland Ret Plumber & Steam Fitters USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION. 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Allegany Cumberland Valley St. NO [ 21502 I. PAGES 1 AND 2 SH DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Sinclair Miller Mary Bradley Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 181-10-8080 Yes WWII Amelia S. Miller Same as above 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arterkosclerotic Heart Disease IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E3 SHOULD BE DEPARTMENT OF H YES [] 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. TO FINE STAFTER DEATH WITH THE STAFTER DEATH WITH STAFTER DEATH STAFTER DEATH WITH STAFTER DEATH STAFTER D Inspection X 22a. I certify that I took charge of the remains described oboye, held on Autopsy deoth resulted from: Natural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Francisco Réyes. M.D. ADDRESS Sacred Heart Hospital Cumberland (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Aug.4,1983 Zion Memorial Park Cumberland Allegany 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** William G. Kight Cumberland, MD (VR A15 ME (5)) 15M 2/80

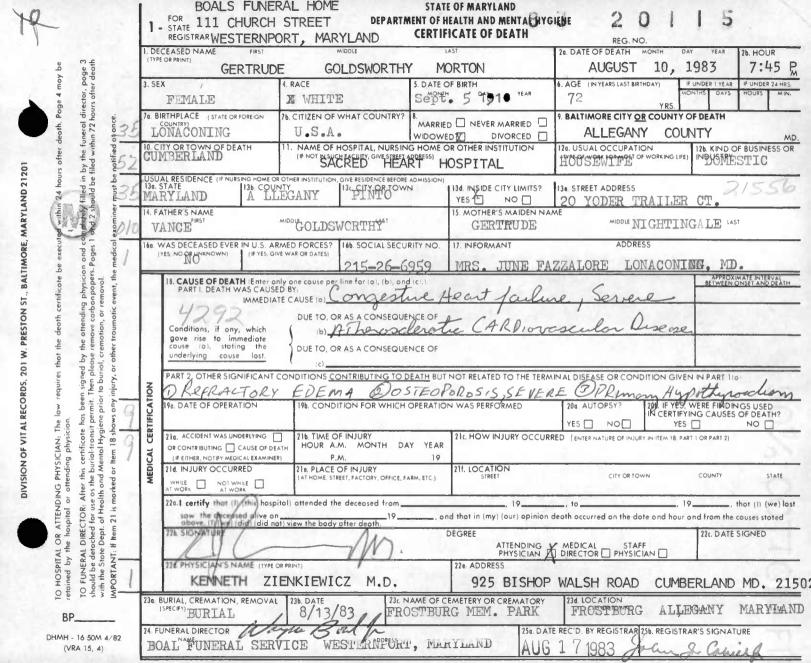
Charles S. C. C. S. S. C. S. C DETE SE LIBUR Male | Inte Sag. 7,1902 00 --Cumberland 222 Valley St. Set Flumber & Shope Ministra Sincleir D. Hiller from Ann - sredier You will 181-10-0080 molts a billor danc as above Artertosclerotte Heart Misecan. Francisco Laves, M.D. . Jacred Menre Bospital Cumberland Surial out.4,1983 Ston Nemorial Park: Comborland Allegany to William G. Tight Cumborned, ID ... (15 183 Medical States

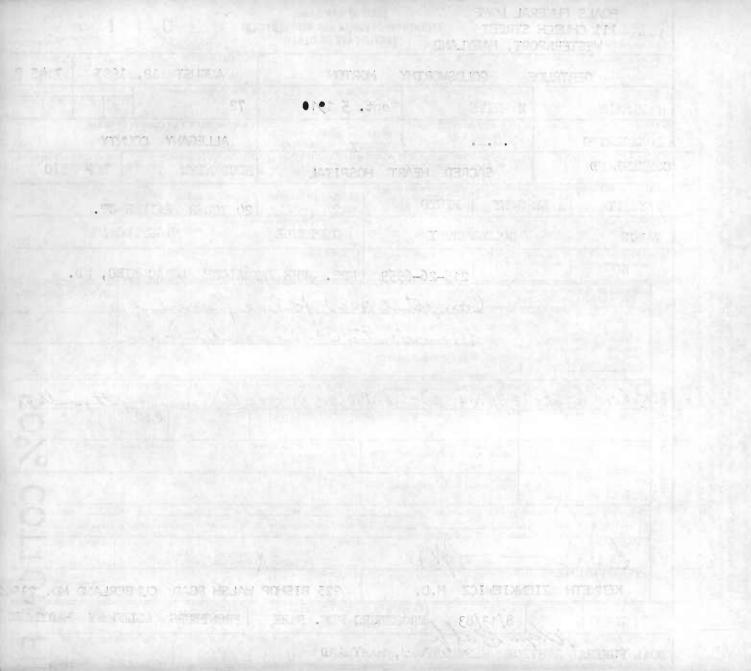
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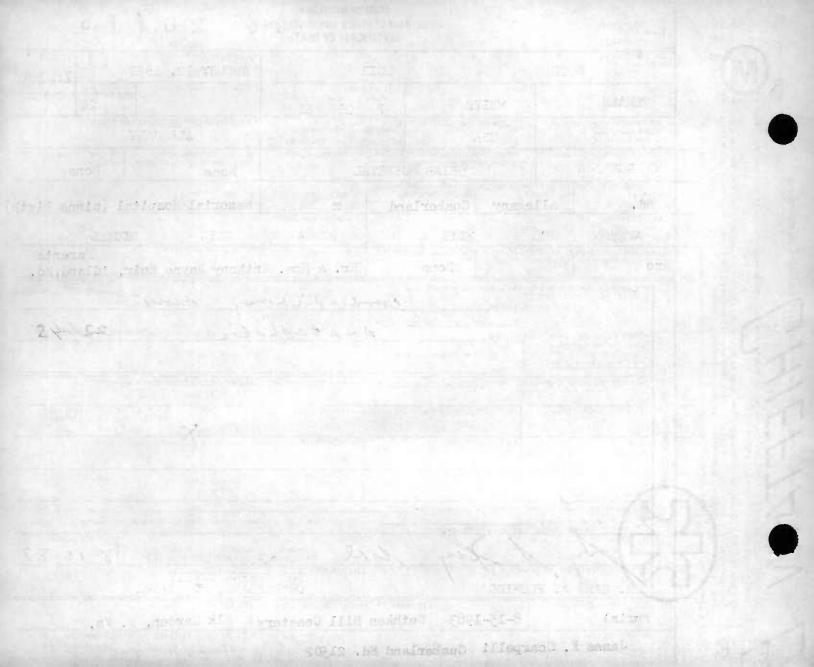
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	D####		CEASED NAM PE OR PRINT)		ALMA MOO	RE		LAST		2a. DA C DE	ATE KNOWN OF ESTI- ATH MATED		19-839	26 HOUR
IN	NERAL DIFFERENCE FOR YOUR FILE WITHIN 72 HOLD	3. SEX	IRTHPLACE (S	4 RACE  Cau  TATE OR	5. DATE OF BIRTH MONTH DAY  4-11-23  7b. CITIZEN OF WE	YEAR	60 YRS.	IF UNDER TYR	HOURS	MIN PRON	OATE OUNCED DEAD	8-19	DAY YEAR	1734
•	H-T-	10. CI	ITY OR TOWN		USA	PITAL, NUI	W RSING HOME, OF	DOWED OTHER INSTIT	DIVORC	ED D	Allega CCUPATION WORKING LIFE)	(TYPE OF WORK	176 KIND OF BI OR INDUS	MD USINESS TRY
201	TAIN PARTICIPATION PARTICIPATI	USUA	umberla AL RESIDENCE TATE		(IF NOT IN SUCH FA ME MO Y OR OTHER INSTITUTION, GO TY	VE RESIDENCE	-		E CITY LIMITS?	Nurse			Nursing	
BALTIMORE, MD. 21201	URS AFTER DEATH. IF ANY DELAY BY BE GIVE PAGES 1, 2, AND 3 TO THE FURTH PAGE 8.  T. PAGES 1 AND 2 SHOULD BE FILED.  DIVISION OF NITAL RECORDS, 201 W.		ATHER'S NAMI FIRST John		MIDDLE W		LAST Bobo		NO  HER'S MAIDE FIRST  ina		MIDDLE		LAST	
SALTIMOR	S AFTER DE SIVE PAGE TH FORM PAGES 1 A VISION OF					16b. SOC	20-7090	). 17. INFÓI	RMANT	ımbo 74	ADDR 7 Wash		umb MD 21	
PRESTON ST., B	24 HOURS ITEM 1B. LONG WI PERMIT. F GIENE, DIN		18 CAUSE C PARTIDE	ATH WAS CAUSE	TE CAUSE (a)	rdiac	and (c).) arrest						Sudden	E INTERVAL T AND DEATH
I W. PREST	HOULD BE EXECUTED WITHIN 24 HOURD BY "PENDING" IN PENCIL IN ITEM 16 HIFF MEDICAL EXAMINER ALONG USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	-	gave ri	ns, if any, which se to immediate stating the <u>under</u> - use last	(b) C	orona	iry arter	y heart	t disea	ase			Year	`S
DIVISION OF VITAL RECORDS, 201 W.	LD BE EXECUTE PENDING" IN MEDICAL EX. AS A BURIAN MEALTH AND A CREMATION	2	PART 2 OTHER S	GNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH hemorrha		TED TO THE TERMINAL	DISEASE OR CONOIT	TION GIVEN IN PA	RT 1 (a)				
VITAL REC	SHOULD BOND CHIEF WE LUSED AS LURIAL, CR	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION 3	Chole	thia	which operations is and	cholecy	ystiti				20. AUTOPSY YES	(? NO 🗆
SION OF	STIFICATE WO TO THE SHOULD B PARTMEN RIOR TO B	DICAL CER	UNDERLYING CONTRIBUTI	NG CAUSE OF	216. TIME OF HOUR A.M DEATH P.M	. MONTH	DAY YEAR	It. HOW INJUR	RY OCCURRE	D (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR P	PART 2)	
DIVI	E, WRITIN RWARDED PAGE 3: STATE DE	WE	WHILE AT WORK	NOT WHILE C	STREET, FACT	TORY, FARM, E	TC.)	STREET			NWOT 90		OUNTY	STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		death result  ACTUAL SIGNATURE	1	e of the remains des	Accident	ve, held an		Inspection micide , tspec Dp t	Undetermine		and in my o	8-19-8	33
	TO MEDI EXECUTE PAGE 4 3 TO FUNE AFTER DE BALTIMO	23a. B	EXAMINER'S (TYPE OR PRI	NAME P	aul Snow,		NAME OF CEMETI	ADDRESS		rial Ho			YINU	STATE
	BP		Burial UNERAL DIRECT	TOR	Aug.22,19 H. 404 De			21502	25a. DATE	Cumber REC'D. BY REGI	cland STRAR 256. F	Allea	anv M	ID .
	(VR A15 ME (5) ) 15M 2/80	31	TCOX-Me	STITLL C.	n. 404 De	catur	St.Cum	יווי.	LAUG	2 3 108	3 10	and	, which	-



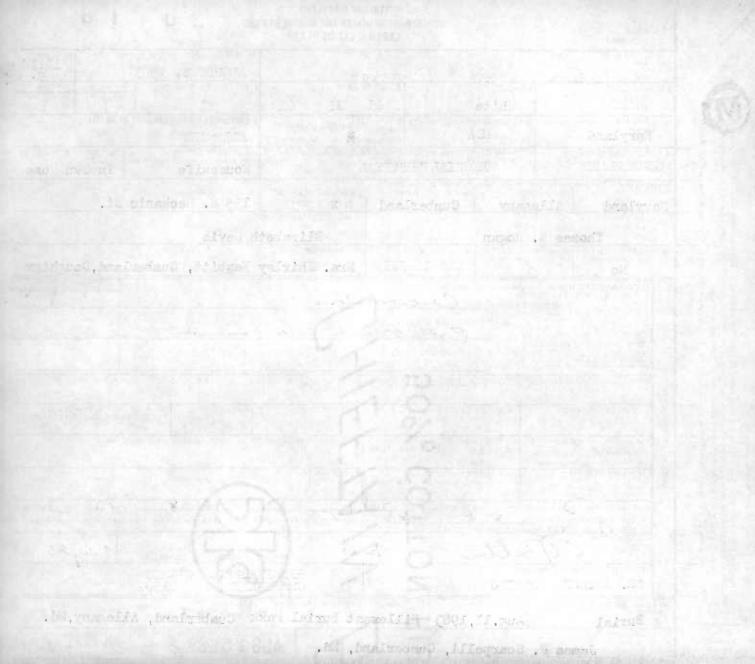






~100	FOR STATE REGISTRAR			ICAL EXA	OF HEALT	MARYLAND H AND MENTA CERTIFICATE	OF DEAT	REO.		1 7	
	ECEASED NAME	Mary	Iona	MY MY	ERS	LAST	20	DATE KNOWN OF ESTI- DEATH MATED	Month (X) —8 —	14 19 83	25 HOUR 2:19
0	emale I	White	DATE OF BIRTH DAY 8 18	YEAR LAS	BIRTHDAY) MON			DEAD	8 8		2d HOUR 2:194
35	OREIGN COUNTRY)  WV		USA		WIDO	off As	ORCED	ALLEGAN	Y		MD
5,00	MBERLAND			ACRED K	DRESS) HEA		FOR MO	LOCCUPATION ( STOF WORKING LIFE)  E WIFE	TYPE OF WORK	12b KIND OF BU OR INDUSTI	
5 130.	IAL RESIDENCE (IF IN STATE MD	13b. COUNTY	LEGANY	LONACO		13d. INSIDE CITY LIMIT		TADDRESS CK HILL		215	537
10	ARTHUR			OHNSON		15. MOTHER'S MA	AIDEN NAME	WIDOFE		JOHNSON	
16q.	WAS DECEASED EV YES, NO, OR UNKNOWN)	(IF YES, GIVE WA	D FORCES? AR OR DATES) one cause per line f	166. SOCIAL SE 212 74	3621	17. INFORMANT  KAREN M	CKENZIE	RD #20RE	1 00		
NO.	gave rise couse (o) star lying couse to		(b) hy	AS A CONSEQU	ive hea	art diseas					
AEDICAL CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDITI	ON FOR WHICH	OPERATION	WAS PERFORMED?				20. AUTOPSY?	? No <b>!</b> ?
MEDICAL CERT	210 EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.M.	MONTH DAY	YEAR 19	HOW INJURY OCCU	RRED (ENTERNA	TURE OF INJURY IN ITEM	18 PART 1 OR F		
WED	21d. INJURY OCC WHILE NORK AT WORK	OT WHILE TWORK		F INJURY (ATH DRY, FARM, ETC.)	OME, 211. LC	OCATION STREET	•	CITY OR TOWN	C	OUNTY	STATE
2	ACTUAL SIGNATURE	Mich	of the remains described to the remains descri	Accident .	Suicide L	psy , Inspe , Homicide TITLE (SPECIFY M.D. SPECIFY ADDRESS	Undeterr	Inquiry X, mined monner  AL EXAMINER  Drive; Cu		E <sub>ED</sub> 8-16-83	
24	BURIAL, CREMATION (SPECIFY) BURTAT  FUNCE A THEF  OA		17/83 2004	23c. NAME	OF CEMETERY	OR CREMATORY CEMETRERY 250. DA	TE REC'D. BY R	DW MTLLS	ATT. EV		TATE

ESE 76 (CS)



1/		1-	FOR STATE 404 REGISTRAR CUM	DECATU	R STREE	-	MENT OF H	EALTH AND MENTAGE	ACIENE	2 0 1 REG. NO.	1 9	)
0			EASED NAME	FIRST	0, 10	MIDDLE	i	AST	20 DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
eoth 3		(ITPE		BEULAH	1	IMI	NOR	RIS	AUGUS	T 22. 198	13	11:25PM
moy		3 SEX			. RACE		5. DATE C	F BIRTH		ARS (AST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
(BOAT)		Fe	emale	100	White		Feb		69	YRS.	MONTHS DATS	HOURS MIN.
og A		7a. BII	THPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8.		9 BALTIMOR	E CITY OR COUNT	Y OF DEATH	
to the	OS		OUNTRY)		USA		WIDOWE	D NEVER MARRIED DIVORCED [		ANY COUNT	Y	MD.
er de withii			Y OR TOWN OF DE	ATH 1	1. NAME OF		NG HOME C	ROTHER INSTITUTION	120 USUAL C	CCUPATION	12b. KIND	OF BUSINESS OR
4 4 4	5 1		mberland		SACRE	HEART H	OSPITA	AL	House	FOR MOST OF WORKING	LIFE) INDUSTRY	Y
124 hourst be	35	130. S MI	L RESIDENCE (IF NUR TATE )	113b COUNT	other institution by egany	13c CITY OR TOV Cumber1	VN	13d. INSIDE CITY LIMITS?	13e. STREET A	DDRESS 3 Box 154	A Bedfo	502 ord Road
mARYLA ed within mpletely ond 2 sh	10	14. FA	THER'S NAME Wade	~	NODLE	Haycoc	·k	15. MOTHER'S MAIDEN N Alice	NAME	MIDDLE	Glő	AST DVC
com com		1 A a \A	AS DECEASED EVER	IN IIS A PA	ED EOPCES?	166 SOCIAL SECT		17 INFORMANT		ADDRESS	010	, j a
be execu-	1		ES, NO OR UNKNOWN)		WAR OR DATES)	214-07-6		Jesse Norri	s Rfd.3	Cum	b. MD 2 Bedford	21502 1 Rd.
ficate l ficate l physicic papers naval.			18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSED	BY:	line far (a), (b)	A COLD	TIMI	s an Da		PROPRO	NONSET AND DEATH
certi ding parten			4100	IMMEDIATE	CAUSE (a)	R AS A CONSEQU	FUCEOF	XI. I POI	· M	ray y	W VI	100
death  death  attend  ave ca  stian, a			Canditians, if any		(b)_	R AS A DINSEGIO	ENCE OF	A AW	1-	Λ	4	acido
by the cose remo			gave rise ta im cause (a), stati underlying causi	ng the	DUE TO, O	RATA SOLES	ENCE OF	A harlo	Merio	soloro	UN.	U
ps, 201 quires the signed hen plec to buriol ijury, or		NO.	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OF CONDITION G	VEN IN PART I	la-
DIVISION OF VITAL RECOKDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician.  After this certificate has been signed by the attending physician and campletely filled in by as the burial-transis permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filth thand Mental Hygiene prior to buria), crematian, or remayal.	2	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	IN CERT	ES, WERE FIND IFYING CAUSE (ES   ]	OINGS USED ES OF DEATH?
VITA N. Ti nysicis rensit Hygi	2	CER	210. ACCIDENT WAS UN		21b. TIME C	F INJURY M. MONTH D	AV VEAD	21c. HOW INJURY OCC	URRED (ENTERNAT	URE OF INJURY IN ITEM 18	PART I OR PART 2)	
IYSICIAL ding ph is certifi burial-tr Mental r ftem.	9	AL	OR CONTRIBUTING		71	M. MONTH D	19					
HYS Iding on the control of the cont	1	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION	THE PARTY	CITY OR TOWN	COUNTY	STATE
LG P offer the the control of the co		×	WHILE NOT W	HILE DRK	TAT HOME, ST	REET, FACTORY, OFFICE.	FARM EIC)	JIEE				
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TAL OR Ay the hay the had detached detached hate Dept total bill. If them			22b. SIGNATURE	W	V	Sad	)	DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN	22c. PAT	SIGNED A
HOSPITAL Inned by 11 FUNERAL UID be det on the State ORTANT:	1	1	22d. PHYSICIAN'S N	AME (	PRINCI)	10		22e. ADDRESS				2118
TO HOSPITAL retained by t TO FUNERAL should be det with the State	1		WAYNE SE		M.D.	14	)	BMG, 912 S			RLAND	MD 21502
55 - 23 8		23a. B	URIAL, CREMATION	REMOVAL	73E DATE			EMETERY OR CREMATOR	CITY	OR TOWN	COUNTY	STATE
BP			Burial/		8-26-	83 St	ınset	Memorial			Allegan	y MD
DHMH - 16 50M 4/8	12		INERAL DIRECTOR			ADDRESS		21502	UG 261	983	TRAK SHOW	Africa A
(VRA 15, 4)		S	ilcox-MErr	itt F	.н. 404	Decatur	St., Cu	amb., MD	100 201	300		- A

MILE OF LOT SETON DELVIS OF SERVICE TO STEEL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

20120

REGISTRAN		CERTIFIC	CALE OF DEATH	REG. NO.		
L DECEASED NAME 1951	WORK	LAT	Y.	78. DATE OF DEATH MONTH	DAY TEAR	25 HOUR
LENA	VIRGINIA	NORTO	-		983	0001 AM
1.SEX	4 RACE	3. DATE OF		& AGE (INVERBLAST BIFTIGAT)	MONTHS DATE	
FEMALE	White		7, 1910 "	SEVENTY-THREE,		200
Virginia	USA	MARRIED WIDOWED	☐ NEVER MARRIED ☐	* BALTIMORE CITY OR COUN CUMBERLAND	ITY OF DEATH	MD
CUMBERLAND	II. NAME OF HOSPITAL, NURSI MEMORTAL HOS	PITAL	OTHER INSTITUTION	HOUSEWIfe	DOWN INDUSTRI	of Business OR Home
	egany Cumber	land	YES 🚻 NO 🗌	23 Beechwood	d Drive	500
	oshua Oates		Emma	Oates	0a	tes
NO NO DECEASED EVER IN U.S. A	ne was de outes 216 74 0			ghter- ADDRESS tewart, Cumbe	erland,	, MD
Conditions, if sey, which gave rise to immediate couse in. stabling the underlying coine lost.  PART 2: OTHER SIGNIFICANT  19s. DATE OF OPERATION  21s. ACCOUNT WAS UNDESCRIBED.	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  1% CONDITION FOR WHICH	DEATH BUT N	TO AND THE STREET	20s AUTOPSY?   20s F	SIVEN IN PART I	INGS USED
OR CONTREMENDING CAUSE OF DI 1/4 EURINA NOTES WELLOW EACH EACH WHILE DISTURY OCCURRED  WHILE DISTURY OCCURRED  WHILE DISTURY OCCURRED  AT WORK DISTURY OF DISTURY O		FARM ETC.)	TIL HOW INJURY OCCURE	YES AND RED TENIFER MATURE OF COMPANY OF THE OTHER	YES COLUMN COLUM	NO []
SOUTH DECESSED OF THE STATE OF	of siew the body ofter death.	DE	GREE ATTENDING PHYSICIAN 120 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		E SIGNED &

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	4	
		CEASED NAME FIRST		MIDDLE	(	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	litre	E OR PRINT)  JAN	IES E	BOYD	PH	ERCY	AUGUST 3	30. 198	33	4:30 <sub>P M</sub>
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		Male	Whi	te	Ju	ine 1, 1907	76	YRS.	ONIHS DATS	HOURS MIN.
K		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
1		Pennsylvania		SA	WIDOWE	DIVORCED [	All	egany		MD.
1	10. CI	Cumberland	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET MORIAL HOS	ADDRESS)	OR OTHER INSTITUTION	Itype of work for most of Retired C	ION OF WORKING LIFE	INDUSTRY	ailroad
	USU	AL RESIDENCE LIF NURSING HO	ME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	ADMISSION)			arman	71	ATTroad
5			llegany	Cumberl		13d. INSIDE CITY LIMITS?	130 Vire	inia A	ve.	200
1	14. FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM			LAS	
		Harr	y Sloan Po						LAS	
		WAS DECEASED EVER IN U.S	ARMED FORCES?		RITY NO.	17. INFORMANT	Carrie Boyd	ESS		
	()	YES, NO OR UNKNOWN) (IF YE	ES, GIVE WAR OR DATES)	705-09-	3409	Mr. Glenn Yo	ounkins. Cu	mberla	nd.Md.	Nephew
		18. CAUSE OF DEATH (Ent	er only one cause pe	r line for pay. (b), one			,		APPROXI BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CA	AUSED BY:	(A)	2011	NonA	DE LL	1N/-	150	AM
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U		Conditions, if any, whic	1 /	IR AS A CONSECUE	INCL OF				1	
		gove rise to immediat	te )							
		underlying cause las	1 10,0	OR AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING IQ [	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	
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	$\nabla$	60	1 1 7							
1	CATIC	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?		WERE FINDIN	
1	RTIFICATIO				OPERATIO		YES NO	IN CERTIFY YES	ING CAUSES	
1	CERTIFICATION	210. ACCIDENT WAS UNDERLYIN	G 216. TIME C			N WAS PERFORMED	YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
7			G 21b. TIME C	OF INJURY			YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	G DE DEATH MINER)  216. TIME C HOUR A P	DF INJURY m. MONTH DA m.	Y YEAR		YES NO	IN CERTIFY YES RY IN ITEM 18 PA	ING CAUSES	OF DEATH?
7	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	G DE DEATH MINER)  216. TIME C HOUR A P	DF INJURY m. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	IN CERTIFY YES RY IN ITEM 18 PA	(ING CAUSES	OF DEATH?
7		21a, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a.1 certify that (1) (this h	G DEDEATH HOUR A P P P P P P P P P P P P P P P P P P	DF INJURYM. MONTH DAM. OF INJURY (REET, FACTORY, OFFICE)	Y YEAR	21c. HOW INJURY OCCURR	YES NO	IN CERTIFY YES RY IN ITEM 18 PA	COUNTY	OF DEATH?
7		21a, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a.1 certify that (1) (this h	G DEDEATH HOUR A P P P P P P P P P P P P P P P P P P	DF INJURYM. MONTH DAM. OF INJURY (REET, FACTORY, OFFICE)	AY YEAR 19	21c. HOW INJURY OCCURR	YES NO CITY OF INJU	IN CERTIFY YES RY IN ITEM 18 PA	COUNTY	OF DEATH? NO STATE
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7		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (I) (this is	G DEDEATH HOUR A P P P P P P P P P P P P P P P P P P	DF INJURYM. MONTH DAM. OF INJURY (REET, FACTORY, OFFICE)	YEAR 19	21c. HOW INJURY OCCURR 211 LOCATION STREET  19 od that in (mm) (aur) apinion of	YES NO CITY OR ICE	IN CERTIFY YES RY IN ITEM 18 PA WN  SO 1 ote and hour	COUNTY	OF DEATH? NO STATE
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7		21d. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED  WALLE NOT WHILE AT WORK 22d. 1 certify that (1) (this because of the certify that (2) that (2) the certify that (3) the certify that (4) (this because of the certification of the certi	G   21b. TIME C HOUR A MINER) 21c. PLACE IAT HOME. ST IAT	DF INJURYM. MONTH DAM. OF INJURY (REET, FACTORY, OFFICE)	YEAR 19	211. LOCATION STREET  211 LOCATION (aur) apinion of DEGREE TIENDING PHYSICIAN  Me	YES NO CITY OR ICE  CITY OR ICE	IN CERTIFY YES RY IN ITEM IS PA WN  SO 1 Dote and hour  FF CIAN  Dottal M	county and from the	STATE  STATE  that (I) (we) last couses stated  Building
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DHMH - 16 50M 4/82 (VRA 15, 4)

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24. FUNERAL DIRECTOR

James F. Scarpelli Cumberland, Md.

250. DATE REC'D. BY REGISTRAR 256. JESISTRAR'S SIGNATURE
SEP 6 1983 John & Cahrel

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1/2	1.	FOR STATE	DE		EALTH AND MENTAL HY	EVENE 2 U	6	1
		REGISTRAR Viola	_	CERTIF	CATE OF DEATH	REG. NO	D	
	1. DE	CEASED NAME FIRST	MIDDLE	L)	ST	20 DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR
	1	Viol	a Mae	R	iney		08-17-8	3 54PM
(机件)	3 SE	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1	TYEAR IF UNDER 24 HRS
141	F	emale	White	MONTH O 3	3 - 10 - 08	7:	YRS.	DAYS HOURS MIN
B 01 0/2	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		тн
nero in 72	1	nacon -a, md.	45	WIDOWE		Cum	egany De Richo	A MD.
the fund	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		ROTHER INSTITUTION	120 USUAL OCCUPATI-		IND OF BUSINESS OR
201 filed by 1		umberland	Allegany Con	nty Nur	singtome	House Kee		omestic
hour hour dbe	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, EAVE RESIDENCE ITY		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	0	10000
ANA PARILE PORTING		1.1	egany Cur	rberland	YES NO	700 Ba	Ker St	11000
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AM pand out		William	G. Nur	nberton	Eliza	Jan	e (	Srady
MORE,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	L SECURITY NO.	17. INFORMANT	ADDRE	SS	1
Poor or mee		NO	219-	462066	Mrs. Grace	Fleming, Cu		
BALI ote opera vol.		18 CAUSE OF DEATH (Enter on	ly one couse per line for tal,	(b), and ic	1		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
st., l		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	Cardio	respiratory	failure.		
or r		5715	DUE TO, OR AS A CON	ISBQUENCE OF	1,111	1		
ESTOI death attend ove co cumof		Conditions, if ony, which	( 16) Meta	ibolic &	incephalo 891	ny		
the the remover the errtream		gave rise to immediate cause (a), stating the	DUE TO, OR AS A-CON	ISEQUENCE OF	6 01.			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 INC. PHYSICIAN. The low requires that the death certificate be executed within 24 his certificities physician.  The this certificities has been signed by the attending physician and completely filled as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be than and Mental Hygiene prior to buriol, cremation, or removal.  Orked or them 18 shows any injury, or other traumatic event, the medical examiner must		underlying cause last.	(c) Ci4	218 whr	d) liver	r U.		
ires gned n ple burg	_	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN IN PA	ART 110
PRD:	CERTIFICATION							
ECO ow ony	3	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA	INDINGS USED
ALR ion. t per iene	E					YES NO	YES 🗌	NO 🗆
VII Nysicate rous Hyg	1 8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21t. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PA	.RT 2)
SICIAL ph certification of the second of the	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
HYS ndin	ĕ	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	00000 0000 0000	21f LOCATION	CITY OR TOW	vn count	TY STATE
IVIS offer s the s the r one	Z	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)		1		JANE
or Aff		22a.l certify that (I) (this haspi	tal) attended the deceased	from 8/16	, 1983		1983	, that (I) (we) lost
TTEN Sitel TOR For u		sow the deceased alive on	t) view the body ofter death.	19.83/ on	d that in (my) (our) apinion	death occurred on the do	ate and hour and from	m the couses stated
R ATTINECTCION Per 1 Per 2 Per		226. SIGNATURE	ti view the loody offer death.		DEGREE	1 40 40 10	22c.	DATE SIGNED
0 0 0 0 0		11. A. Rowitt	(100)		ATTENDING	MEDICAL STAR	F	
by the by the VERAL State State		22d. PHYSICIAN'S NAME ATYPE O	R PRINT)		22e ADDRESS	· · · ·	IAIV	TO DE
TO HOSPII TO FUNER should be: with the St		VI FRIA	ii Lha.		Maria	1 Hospil	-1 Mal	Build.
Short Short	230	BURIAL, CREMATION, REMOVAL	23b. DATE	123¢ NAME OF C	METERY OR CREMATORY	23d LOCATION	at Them.	- Cilding
DD.	230 (	Burial	8-20-1983	Rose H	11 Cemetery	CITY OR TOWN	and, Alleg	rany Md.
BP		UNERAL DIRECTOR			25a D.A	TE REC'D. BY REGISTRAR	266 REGISTRANS SI	GUATURE!
DHMH - 16 60M 1/75 (VR A 15 (41)		James F.	Scarpelli. C	umberlan	A.Md. All	G 2 3 1983	ound.	the state of the s

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 7h. HOUR (TYPE OR PRINT) ESTI-8 30,83 :07a Robert E. Scott DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE AST BIRTHDAY) PRONOUNCED Maile White 4:07a DEAD A BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED | DIVORCED Maryland Allegany ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Cumberland Sacred Heart Hospital Retired Veteran Service USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Muval Porida YES 3 NO [ 2695 University Jacksonville 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FAST Adam Scott Isabelle McCrory 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) WW2 Korea Vietnam 577-09-5059 Marion Scott Jacksonville Florida CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial Infarction IMMEDIATE CAUSE (a)\_\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which arteriosclerotic heart disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D. 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY 220 I certify that I took charge of the remains described above, held on and in my apinian Natural causes XX death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 8-30-83 EXAMINER'S NAME Giovanni Mastrangelo, M.D. ADDRESS 900 Seton Drive, Cumberland, MD 21502 8 A A O A A 23a.BURIAL, CREMATION, REMOVAL 716 DATE 23d. LOCATION Burial Arlington Nat. Cemetery Arlington 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Boals Funer 1 Service Westernpert. 15M 2/80

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3	1-	FOR DURST FU STATE 57 FROST REGISTRAFFROSTBUR	NERAL HOME AVE. G. MD. 215	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAPHY ICATE OF DEATH	GIENE 2 C	)   2 6	<b>5</b>
4.4		EASED NAME FIRST	MIDDL		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
4	1.0.	QUIL	LIA JE	W SEIFAR	TH	AUGUST 16,	1983	8:30A M
OF THE RESEARCH AND ASSESSMENT OF THE PERSON NAMED AND ASSESSMENT OF THE PERSON NAMED AND ASSESSMENT OF THE PERSON NAMED ASS	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTI	MONTHS DA	EAR IF UNDER 24 HRS
		Female	White	Sept		34	YRS.	
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY? 8. MARRIE	NEVER MARRIED			MD
s ofter by the fulled with filled with	10. ⊂1	TY OR TOWN OF DEATH  Cumberland	11. NAME OF HOS	PITAL, NURSING HOME OF		120. USUAL OCCUPATION		DOF BUSINESS OR
vithin 24 hour		TATE 13b. CO		RESIDENCE BEFORE ADMISSION) CITY OR TOWN  rostburg	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	c Culloh	ST.
mpletely and 2 sh		THER'S NAME FIRST Walter	MIDDLE	ngood	15. MOTHER'S MAIDEN N	ette MIDDLE	Winebre	nner
n and co Pages 1		AS DECEASED EVER IN U.S., (IF YES. NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	SOCIAL SECURITY NO.	Robert D.	Seifarth,		rg, Md.
certificate b ng physicia bonpapers remaval. c event, the		18 CAUSE OF DEATH 'Enter PART I, DEATH WAS CAU IMMED	anly ane cause per line SED BY: IATE CAUSE (a)	Septic	Shock	K	APPE BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
that the death ce d by the attendina lease remove contain ial, cremation, or a		Conditions, if any, which gave rise to immediate	DUE TO, OR AS	A CONSEQUENCE OF	۲۵			•
that the d by the lease rer ial, crem or other		cause (a), stating the underlying cause last.	(c) <u>T</u>	TP WITH	1 munuo	puppesio	n L	
equires n signe Then pl to bur injury, o	N	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL/DISEASE OR COND	ITION GIVEN IN PART	lia
has been process proce	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	204 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	NDINGS USED SES OF DEATH?
PHYSICIAN: The law re ending physician. This certificate has beer the burial-transit permit. A Memal Hygiene prior d or them 18 shows any it		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
DING PHYS or attending After this or is as the bur alth and Me marked or it	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF I	NJURY ACTORY, OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
DR ATTENDIN hospital ar IRECTOR: Af thed for use a lept. af Health		22a.1 certify that (I) (this ha saw the deceased alive above, (1) (we) (did) (did	. /		nd that in (my) (our) opinio	, ta Arguin death occurred an the da	te and hour and from	_, that (I) (we) lost the causes stated
	ď	22b. SIGNATURE	mil	Quua	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		-16-83
TO HOSPITAL Cretained by the TO FUNERAL D Should be detao with the State D WAPORIANT: #		MEHANNA, JOHN			22e ADDRESS	N DR. CUMBERL		.502
BP Of the state of	230. 8	URIAL, CREMATION, REMOV	Aug.19		emetery or crematory arg Mem. Pa	CITY OF TOWN	urg, Mar	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FU	INERAL DIRECTOR NAME Durst Fund		ADDRESS	25q. P		IN REGISTRAPS SIGN	welf

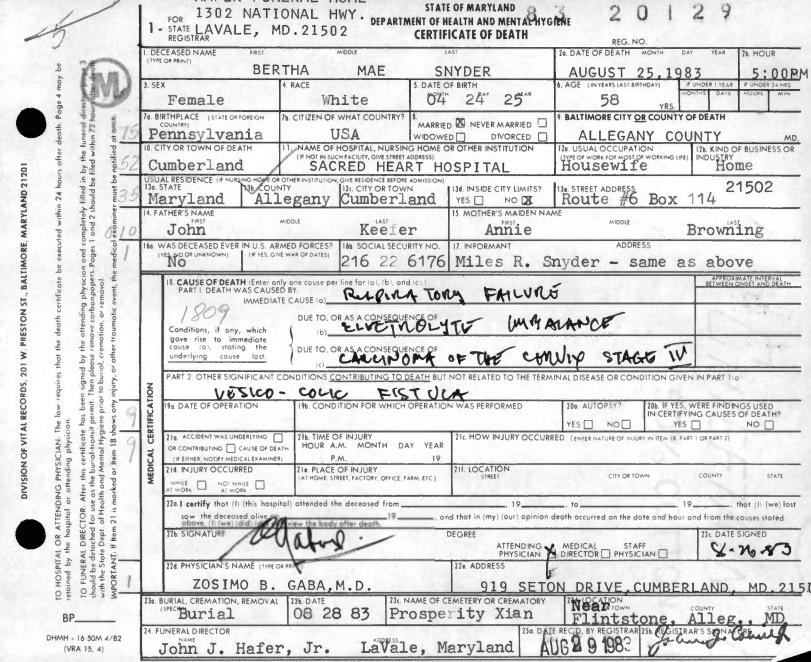
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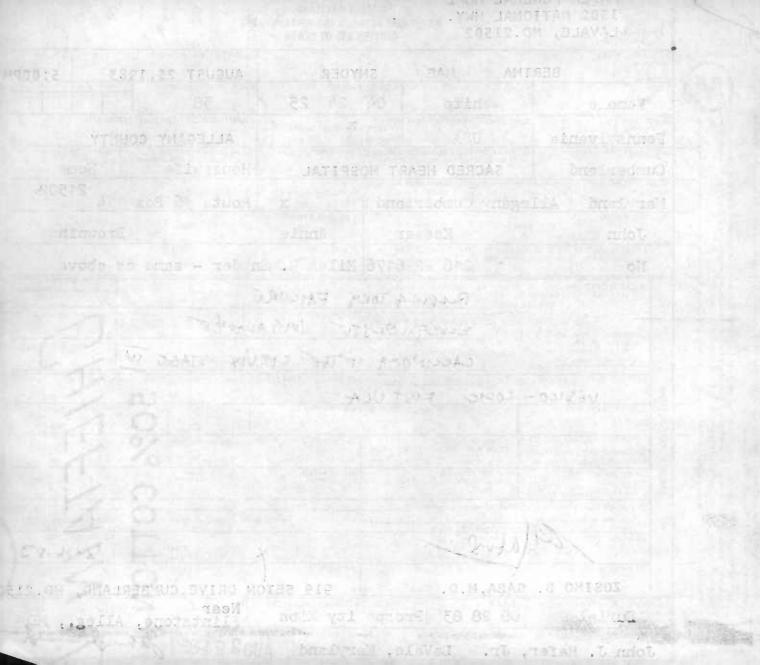
)  .	FOR			STA DEPARTMENT OF		AARYLAND AND MENTAL	HYGIENE	2 0	1 1 2	1	
8	= STATE REGISTRAR			DICAL EXAMI			_	H REG.	NO.		
	DECEASED NAME			WIDDLE		LAST	2a.	DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26. НОШ
RMSE.		Hel			haff			DEATH MATED	0 8-1	3 1983	7:30
HA TIS	SEX	4 RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN)		DER 1 YR. IF UND	ER 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d. HOLL
- Se	emale (ST	White	Oct. 1		YRS.			DEAD	Aug. 1	3, 183	7:30
35	FOREIGN COUNTRY)					IED 🗶 NEVER MAI	RRIED 🔲	BALTIMORE CIT	_	OF DEATH	
10	Maryla:	OF DEATH	U.S.A	PITAL, NURSING HOA	WIDOW		Il2n USUAL	Alleg	CTYPE OF WORK 117	b. KIND OF B	LISINESS
5/	Frostb		Frost	ourg Comm	unit		al Ho	TOF WORKING LIFE)	e 0	or indus	TRY
少人 113	state laryland	13b COUN	or other institution, gi TY Baany	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13. STREET	ADDRESS Messac	h Fros	t Vil	lage
	FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAI		MIDDLE		LAST	
10	Willi	iam		Imes		Dorot	hy		Gor		
16	(YES, NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT		ADDR	ESS		
	No			220-21-	21.84	Norman	Shaff	er, Fr	ostbur		
	18. CAUSE OF	F DEATH (Enter onl ATH WAS CAUSED	ly ane couse per line DBY:	for (o), (b), and (c).)	TT.					APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
N/AL	20	IMMEDIAT	E CAUSE (a)	AS A CONSEQUENCE		art Fai	Lure				
IND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		ns, if any, which	DOE 10, OK			Jamatia	Hoomt	D4 = 0 = 0			
SR. A		e to immediate stating the under-	(b)	AS A CONSEQUENCE		lerotic	near.r	Diseas	36		
	lying cou	se last.	(c)		Di	abetes 1		us			
Sewa .		SNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	IMINAL DISEASI	OR CONDITION GIVEN IN	PART 1 (g)				
7	190. DATE OF	OPERATION	196 CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPS	(?
										YES 🗌	NO X
3	UNDERLYING	CAUSE WAS OR OG CAUSE OF D		MONTH DAY YEA	AR 21c. HC	OW INJURY OCCUR	RED (ENTER NATI	JRE OF INJURY IN ITEM	18 PART 1 OR PART 2	?)	
1		NOT WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CI	ITY OR TOWN	COUNT	TY	STATE
	22a I certif	y that I took charge	e at the remains des	cribed aboye, held on	Autop	sy , Inspect	non X	Inquiry X	and in my opini	ion	
	death resulte	ed fram Natur	olycouses X	Accident S	ivicide 🔲	Homicide	Undeterm	ined manner	],		
	ACTUAL	Mici	Vi stan	1,0	/	TITLE (SPECIFY)			DATE		
1	SIGNATURE_	10.0	un luc	mu	my	Ast. I	DODMEDICA	LEXAMINER	DATE SIGNED.	8-1	3-63
1	EXAMINER'S I	NAME Nich	nolas Gi	arritta		ADDRESS 8 90	00 Set	on Dri	ve. Gu	mberi	Md.
23	BURIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. NAME OF CE	EMETERY O	R CREMATORY	23d. LOCA	TION	COUNTY		STATE
	Bur	ial A	ug.1618	Rest La	wn Ce		La	Vale, Al	legany,		
24	FUNERAL DIREC	-	ADDRESS	Who a stable and	200 20		G 2319	CICTOAD, 25h DE	GISTRANS SO	HATURE	
-1-	Durst	runera	T nome,	Frostbur	g, M	a. AU	0 40 13	0			

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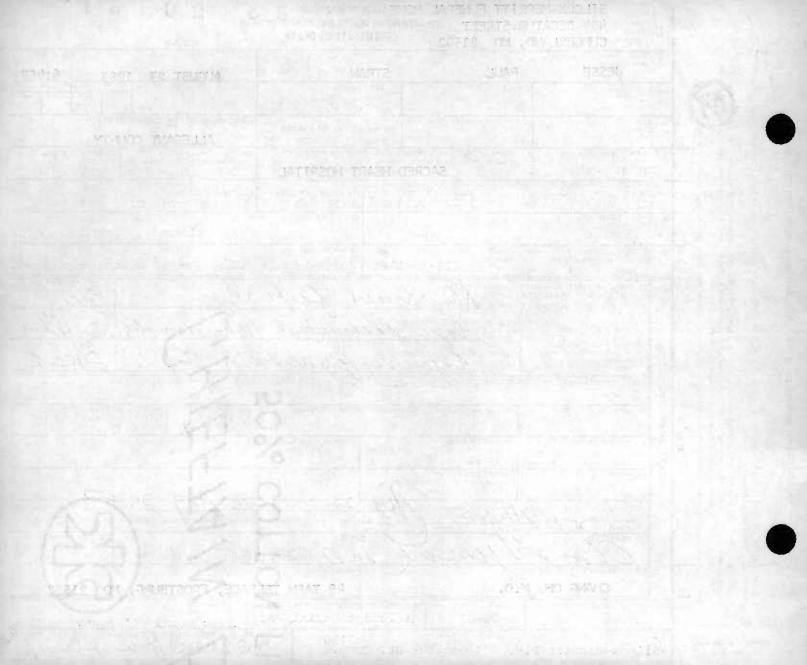
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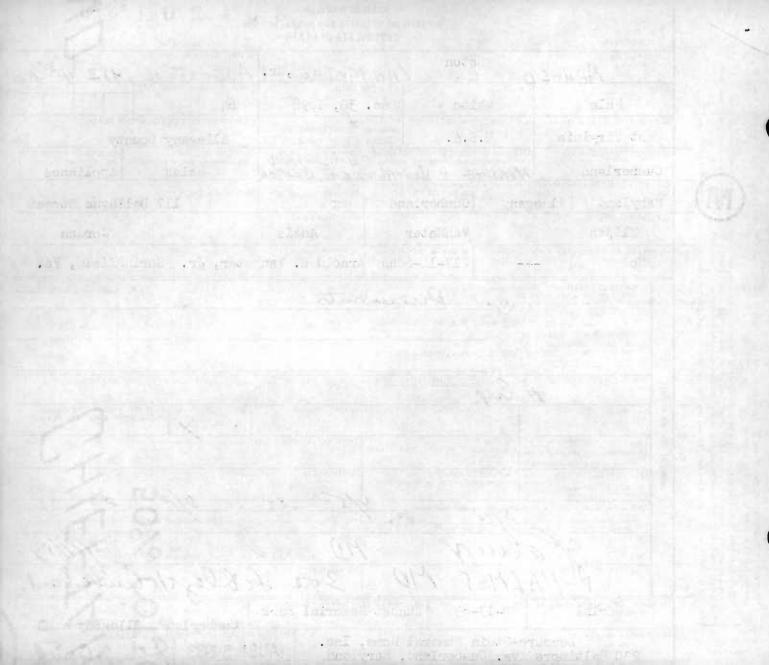
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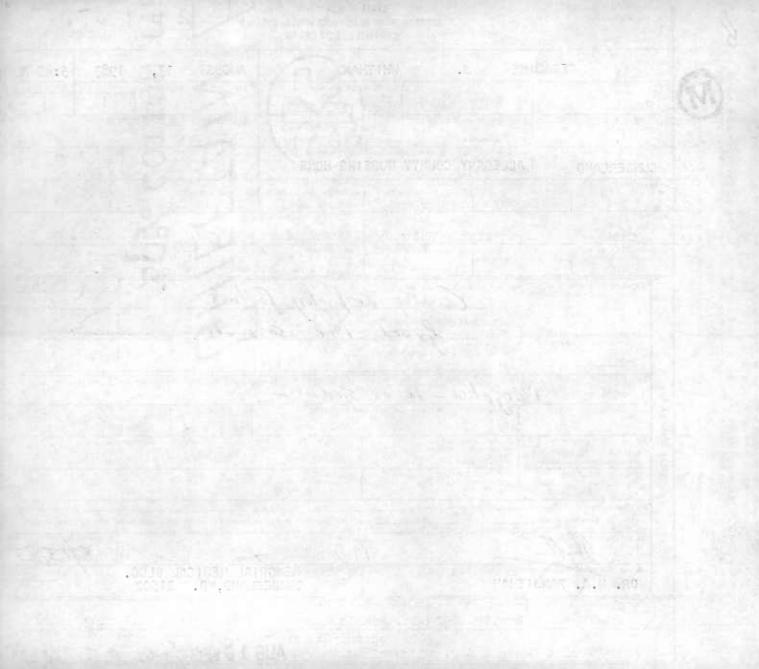


DHMH - 16 50M 1/81 (VRA 15, 4)

Silcox-Merritt Funeral Ser.

1	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	REG.	0 NO.	1 3	4
	PECEASED NAME  YPE OR PRINT)	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
1		GERADII	AF.	J.	WHIT	MAN	AUGUST	13,	1983	5:40 Am
3	SEX	4.	RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
	Female		whit		Nov.	13, 1932	50	YRS		
	BIRTHPLACE (STATE OR COUNTRY)  Md.		U.S.A		WIDOW		BALTIMORE CITY Allegan		TY OF DEATH	MD
10.	CUMBERLAND	ATH [1]	ALLEGAS	OSPITAL, NURSIN	PORFURS	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS N/A			OF BUSINESS OR
130	UAL RESIDENCE (IF NURS STATE Md.	13b. COUNTY Alle	Y	GIVE RESIDENCE BEFORE  131. CITY OR TOW  Cumberla	/N	13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRES 618 Bedf		t. 215	53
14	FATHER'S NAME FIRST Carl		rederio	ck Whit	man	15 MOTHER'S MAIDEN NAME FIRST Madeline	ME MIDDLE M.	1124	Free	land
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)		D FORCES?	166 SOCIAL SECU 219-46-0	JRITY NO.	17. INFORMANT Madeline Whi	618	Bedf	ad St. d, Md. 2	
NO	Conditions, if any, gove rise to immodule couse (a), stating underlying cause  PART 2. OTHER SIGN	mediate ig the lost	(c)	AS A CONSEQUE		NOT RELATED TO THE TERM Synchord	INAL DISEASE OR CO	NDITION C	GIVEN IN PART TO	0
CERTIFICATION	19a. DATE OF OPERA	TION	MI CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?	IN CER	TES, WERE FINDING TIFYING CAUSES	OF DEATH?
MEDICAL CER		CAUSE OF DEATH	P.A	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM II	B PART 1 OR PART 2)	
MED	21d INJURY OCCUR	IILF 🔲	21e. PLACE C	OF INJURY EET FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR	NWOI	COUNTY	STATE
	220.1 certify that (1) sow the decease above, (1) (we) (c	ed olive on		10		nd that in (my) (our) opinion (	, to deoth occurred on the	date and h		that (I) (we) last couses stated
	22b. SIGNATURE	ft.	-				DIRECTOR PHYS		The DATE	113/83
	DR. N.A.		THAN			220 ADDRESS MEMOR	RLAND, MD.	2150:		
230	BURIAL, CREMATION,		23b. DATE Aug. 15		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial					ce's Cemeterv			COUNTY	Md.

Cumberland, Md.



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3		Entls. 372	file (	
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		PRINT)			WINDLE		WOT	RING			Oh-	KNOWN ESTI-	0	19-83	2b. HO
2	SEX	4. RA	RON		1	To AGE (IN YEA			IF UNDER 2	24 HDC		MATED	MONTH	H DAY YE	R 2d. HO
ľ				5. DATE OF BIRTI	YEAR	LAST BIRTHDA	Y) MONTHS	-	HOURS		RONOU DE A	INCED	8-	19-83,	4:07
7	Ma	THPLACE ISTATE OF	ite	June 17	1945	38 YR		1		-				INTY OF DEATH	1.00
É	FOR	IGN COUNTRY)			VIIAI COO!	· IKI	MARRIED WIDOWED		ER MARRIE						
1	D CIT	aryland OR TOWN OF DE	EATH	U.S.A.	SPITAL NU	RSING HOME				1/		DPATION (T		K 12b. KIND OF	BUSINESS
١.	744	AHA O		Memor Memor								ORKING LIFE)		Belt (	
U	SUAL	RESIDENCE (IF IN N	NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSIO						enden	4	I Deci (	onsi.
	3a ST.	-21502	136. COUN	raanu Paanu		ortown 1 Oaks		Id. INSIDE CIT	Y LIMITS?		ET ADDR		lana D	d Drive	00
-	_	HER'S NAME	1 ALL						R'S MAIDEI				WW		
1	1	Parrell		MIDDLE		itrina		17;	raini	ia		MIDDLE lartha		Hill	
1	6a. W	AS DECEASED EVE	R IN U.S. AR	MED FORCES?		CIAL SECURITY	NO. 17	. INFORM	ANT		ĮV.	ADDRES	SS	IIII	
		( NO, OR UNKNOWN)	190	SO S	220-	-40-125	5	Regin	a K.	Wotr	ina-	Addre	33 30	ame as #	13.
F		8 CAUSE OF DEA	ATH (Enter an	ly one cause per li	ne far (o), (b	), and (c).)								APPR OX IN	ATE INTERVAL SET AND DEAT
ı		PARTIDEATH		TE CAUSE (a) GI	unshot	wound o	of abo	domen	- 100		-				
ľ		9659 ( DUE TO, OR AS A CONSEQUENCE OF													
		Conditions, if gove rise to	immediate	(b)				10.5							٠
П	- 1	lying couse los		DUE TO, C	R AS A CON	ISEQUENCE C	)F								
- 1	- 1	Tyling coose los													
				(c)											
	Z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	(c)	N BUT NOT RELA	ATEO TO THE TERMI	NAL DISEASE D	R CONDITION	GIVEN IN PAR	T 1 (e),					
	ATION					ATED TO THE TERMS				T 1 (c).				20. AUTOP	y?
	IFICATION	PART 2 OTHER SIGNIFICA								T 1 (c).					
100	CERTIFICATION	PART 2 OTHER SIGNIFICATION DATE OF OPER 210 EXTERNAL CA	RATION USE WAS	196 CONE	DITION FOR	WHICH OPER	ATION WAS	S PERFORM	AED?		IATURE OF II	njury in item	18 PART I OR	YES 🛭	X NO [
3 411 35	CAL CERTIFICATION	PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER PART 2 OTHER	USE WAS	196 CONE	DITION FOR	WHICH OPER	ATION WAS	S PERFORM	AED?		IATURE OF II	NJURY IN ITEM	18 PART I OR	YES 🛭	
	EDICAL CERTIFICATION	PART 2 OTHER SIGNIFICATION OF THE PROPERTY IN COUNTRIBUTING TO COUNTRIBUTI	USE WAS OR CAUSE OF	198 CONE  315 JAN  AGUR  3AM  210 PLACE	M. MONTH M. S 1	DAY YEAR	216 HOV	S PERFORM W INJURY (  Ject	AED? OCCURRED shot	D {ENTERN				YES X	X NO [
LAFI Nel	EDICALC	PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER 2 OTH	USE WAS	198 CONE  315 JAN  AGUR  3AM  210 PLACE	OITION FOR  M. MONTH M. 8 - 1  E OF INJURY	DAY YEAR	216 HOV	S PERFORM W INJURY (  Ject	AED? OCCURRED shot	D {ENTERN				YES 🛭	X NO [
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICATION OF THE PROPERTY IN GOOD TO STATE OF THE PROPERTY IN GOOD THE PROPERTY OF THE PROPER	USE WAS OR CAUSE OF IRRED OT WHILE WORK	DEATH STREET, A	E OF INJURY COTORY, FARM, E	DAY3 YEAR OATHOME.	216. HOV SUD 216 LOCA RT	Ject ATION BET 6 H	occurret shot	D (ENTERN	ve or to	Cumbe	rland	YES A	) ON X
AFI No.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICATION OF THE PROPERTY IN GOOD TO STATE OF THE PROPERTY IN GOOD THE PROPERTY OF THE PROPER	RATION  USE WAS  OR  CAUSE OF  IRRED  TO WHILE  WORK	196 CONE AND MOUR 3AM A DEATH 3AM A STREET FA	E OF INJURY COTORY, FARM, E	DAY YEAR  ONE, Inc.)	216 HOV	Ject ATION EET 6 H	occurred shot larolo	D (ENTERN		°Cumbe		YES A	) ON X
1 AT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER	RATION  USE WAS  OR  CAUSE OF  IRRED  TO WHILE  WORK	DEATH 3AMP.  21e PLACE STREET, FA	E OF INJURY CCTORY, FARM, E	DAY YEAR  ONE, Inc.)	216 HOV SUB 211 LOCA SIRI RT	Ject ATION EET 6 H	occurrer shot arolc Inspection de [X].	D (ENTERN	Ve Inquiry	°Cumbe	ond in my	YES W	x NO [
LAFI No.		PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER	RATION  USE WAS  OR  CAUSE OF  IRRED  TO WHILE  WORK	DEATH 3AMP.  21e PLACE STREET, FA	E OF INJURY CCTORY, FARM, E	DAY YEAR  ONE, Inc.)	216. HOV SUB 211 LOCA RT	PERFORM  VINJURY (  Ject  ATION  EET 6 H  Marie	occurrei shot arolo	D (ENTERN	Ve Inquiry	Cumbe y	rland	YES W	x NO [
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PART 2 OTHER SIGNIFICATION  190 DATE OF OPER  210 EXTERNAL CA UNDERLYING  CONTRIBUTING  21d INJURY OCCU WHILE  AT  270 Lecrtify the death resulted fro  ACTUAL  SIGNATURE	RATION  USE WAS  OR  CAUSE OF  IRRED  OT WHILE  WORK  It I took charge  om: Natu	DEATH 3AMP.  21e PLACE STREET, FA	E OF INJURY CCTORY, FARM, E	DAY YEAR  ONE, Inc.)	216. HOV SUB 211 LOCA RT	S PERFORM  V INJURY (  Ject  ATION  EET 6 H  Mamici  Title (SP	occurrer shot larolc Inspection de stant	D (ENTERN	Inquiry or to	Cumbe  y   nonner  miner	ond in my	YES W	x NO [
The Law of		PART 2 OTHER SIGNIFICATION OF THE PROPERTY OF	RATION  USE WAS  OR  CAUSE OF  IRRED  OT WHILE  WORK  It I took charge  om: Natu	DEATH 3AMP.  21e PLACE STREET, FA	M. MONTH M. MONTH M. 8-15 E OF INJURY MCTORY, FARM, E MC escribed obc Accident	DAY YEAR O-83 <sub>19</sub> (AT HOME, 1C.)	21c. HOV SUD 21f LOCA RT Autopsy cide	S PERFORM  WINJURY (  Ject  ATION  Hamici  TITLE (SP  ASS I S	occurret shot  larolc  Inspection de (X), ECIFY) t ant	D (ENTERN  D TI  Undete	Inquiry  CALEXA	Cumbe y, nonner MINER	ond in my	YES W	x NO [
1	30.BU	PART 2 OTHER SIGNIFICATION  190 DATE OF OPER  210 EXTERNAL CA  UNDERLYING  210 INJURY OCCU  WHILE  AT  220 I certify the  death resulted from  ACTUAL  SIGNATURE  EXAMINER'S NAM  TYPE OR PRINT)  RIAL, CREMATION  ERIAL, CREMATION	RATION  USE WAS  OR  JCAUSE OF  IRRED  OT WHILE  WORK  It I took charg  OTHER  Natural	DEATH JOHN A JOHN AND AND ATTENTION AND ATTE	M. MONTH M. MONTH M. 8 - 15 E OF INJURY MCTORY, FARM, E MCCIDEN OBC	DAY YEAR  OVE, held on  OVE, held on  NAME OF CEA	21t. HOV SUB 21t LOCA RT Autopsy cide	S PERFORM  WINJURY (  Ject  ATION  Hamici  TITLE (SP  ASSIS	occurret shot  larolc  Inspection de (X), ECIFY) t ant	D (ENTERNA D TI D Undete	Inquiry or to control of the control	Cumber	orland on my DAA SIG	YES & PART 2)  COUNT Mary L  ODDINION  TE 8-19- OUNTY	x NO [
7	30.BU	PART 2 OTHER SIGNIFICATION  190 DATE OF OPER  210 EXTERNAL CA  UNDERLYING  210 INJURY OCCU  WHILE  AT  220 I certify the  death resulted from  ACTUAL  SIGNATURE  EXAMINER'S NAM  TYPE OR PRINT)  RIAL, CREMATION  EXAMINER  EXAMINER  RIAL, CREMATION  EXAMINER  EXA	RATION  USE WAS  OR  ICAUSE OF  IRRED  OT WHILE  WORK  It I took charge  IT Mature  Marginania	DEATH 3AM P.  21e PLACE STREET, F.  NO ge of the remains d ral couses	M. MONTH M. MONTH M. MONTH M. 8 - 19 E OF INJURY ICTORY, FARM, E ME escribed obe Accident C. L.	DAY YEAR  DAY YEAR  ATHOME.  TC.)  DOVE, held on  D., SUI  L.M.D.,  NAME OF CEN	211. HOV SUB 211 LOCA RT Autopsy cide	S PERFORM  WINJURY OF  ATION  Hamici  TITLE (SP  ASS IS  DDRESS 11  CREMATO  PLU	occurrete shot  larolc  Inspection  de [X].  PECIFY)  stant  1 Per	D (ENTERNAL D) (EN	Inquiry or to CAL EXA	Cumber	orland in my DAT SIG	YES & PART 2)  Spunt Mary L  opinion  TE 8-19-  OUNTY  rginia	and sta
7	30. BU (SP B)	PART 2 OTHER SIGNIFICATION  190 DATE OF OPER  210 EXTERNAL CA  UNDERLYING  210 INJURY OCCU  WHILE  AT  220 I certify the  death resulted from  ACTUAL  SIGNATURE  EXAMINER'S NAM  TYPE OR PRINT)  RIAL, CREMATION  ERIAL, CREMATION	RATION  USE WAS  OR  CAUSE OF  RRED  OT WHILE  WORK  It I took charge  IT I took cha	DEATH 3AM P.  21e PLACE STREET. Fo ho ge of the remains d ral couses	M. MONTH M.	DAY YEAR  DAY YEAR  ONE, held on  SUI  L.M.D.  NAME OF CEN  AUTOTA  TAL HOM	21c HOV SUB 21f LOCA RT Autopsy cide	S PERFORM  WINJURY OF  ATION  Hamici  THE (SP  ASS IS  DDRESS 1 S  CREMATO  L  A 12	occurret shot  larolc  Inspection de (X), ECIFY) t ant	D (ENTERNAL D) (EN	Inquiry or to CAL EXA	Cumber	orland on my DAA SIG	YES & PART 2)  Spunt Mary L  opinion  TE 8-19-  OUNTY  rginia	and sta

seda vojite slane NY, 1968 liki j Table 1.2.1 Ed a lan Ene THE PARTY OF THE P MONTH TO THE POST OF THE POST Tear I Hot's 1255 Hotel - Workin - Workin - Witter at 410. similari Stan artika Cather and Cather and